

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
 2. Ensuring all questions are answered completely.
 3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
 4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
 5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
 6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.
- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions [click here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: MD-504 - Howard County CoC

1A-2. Collaborative Applicant Name: Howard County Government

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Howard County Government

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	No
Disability Advocates	Yes	No
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Not Applicable	No
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	No
Street Outreach Team(s)	Yes	No
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	No	No
LGBT Service Organizations	Not Applicable	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	No
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Area Agency on Aging	Yes	Yes
Howard County Office of Workforce Development	Yes	Yes
Community Action Council of Howard County, Inc.	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

**1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 1000 characters)**

The CoC meets every other month to discuss funding, performance measures, and hear from homeless and crisis service providers. CoC staff meet with volunteers and homeless persons to gather knowledge and expertise to put into place workable solutions to prevent and end homelessness. The CoC plans events, issues requests for grant applications from all agencies in the County, engages in agency, government, nonprofit, for-profit leadership meetings, workgroups and has discussions with those experiencing homelessness.

**1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach.
(limit 1000 characters)**

The CoC members and staff regularly advertise and invite new members to participate. the nonprofit community is robust in Howard County and as part of most community meetings, the activities of the CoC are presented and new members are recruited. There is a website that contains up to date CoC activities and invitations to work groups, subcommittees and PIT activities. When new agencies, service providers or religious groups are known to the CoC, personal invitations are given. The CoC has also reached out to regional partners who are members of other CoCs to be involved in an effort to share best practices and coordinate resources.

**1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)**

The CoC strongly encourages proposals from any eligible entity interested in applying for CoC funds. Each year, the CoC releases requests for applications for both new and renewal projects, through the CoC website and announcements at CoC meetings. The CoC welcomes questions, offers assistance in completing the application process, and encourages agencies to apply for all funding opportunities. Notice was sent to the CoC via email on June 15, 2017 that the NOFA was open including opportunity to apply for project applications. On July 12, 2017 a public notice was sent to the community

requesting Letters of Intent to apply for renewal and new Project Applications - through email and website posting. On August 24, 2017 the CA notified the CoC and agencies who submitted a Letter of Intent to apply for project applications, the CoC's final deadline for all project applications was September 5, 2017.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Human Trafficking Taskforce	Yes

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

The Collaborative Applicant (CA) is the ESG Grantee from the State; responsibilities for the CoC and ESG are administered by one staff member, the CoC Manager (CoC Lead). ESG applications, reports, and monitoring are

reviewed by the Evaluation and Resource Allocation (ERA) Committee of the CoC Board. This ensures the planning for and allocation of ESG and CoC funding is aligned in performance expectations and program outcomes. ESG subgrantees participate in the coordinated system, HMIS, and CoC meetings. The Howard County's Consolidated Plan jurisdiction is the Dept. of Housing and Community Development (Housing). The CoC Lead writes the homeless sections of Housing's 5-year Consolidated Plan, Annual Action Plans and Consolidated Annual Performance and Evaluation Report (CAPER), and provides all CoC reports to Housing including HIC, PIT and SySPM. The CoC Lead participates in the Review panel for annual applications which increased communication of homeless information.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)**

The CoC has one victim service provider-HopeWorks of Howard County, (HW). HW receives ESG (Shelter & Rapid Rehousing) and State funds. HW receives VAWA and VOCA dollars, and is strictly prohibited from sharing client data in HMIS. To report successful exits from shelter for the CoC, HW enters anonymous data into ServicePoint. HW has 3 safe houses for persons with children who are experiencing domestic, intimate partner and/or sexual violence, and human trafficking. All houses are securely located and confidential. For households entering permanent housing, HW works with landlords in the community and a Housing Locator (for entire CoC) to find a safe home, with the client leading the placement. HW honors client choice in housing location and offers counseling for victims, children and abusers, legal advocacy/representation, 24/7 helpline, outreach/education, hospital accompaniment and a pet program.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)**

The CoC Services Coordinator trains coordinated entry (CE) staff and provides guidance related to referrals from CE who identify as needing DV sheltering or services.

The CoC has evaluated the extent and need of best practice programs for DV households, and has invested in creating a DV-Rapid Rehousing program. At least monthly trainings and contact is maintained between CoC Lead staff members, including HMIS, on how households served with RRH are served in a trauma-informed manner with the highest levels of confidentiality to uphold best practices of both DV and homeless programs.

CoC's safety and planning protocols include: CE staff do not enter confidential information into HMIS once the household is identified as needing DV services, rather they enter anonymous identifying information; Screeners collect contact information for the household and make a warm referral for the household to contact the DV provider, who then conducts an intake for safe house sheltering.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Howard County Housing Commission	78.00%	Yes-HCV

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

**1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 1000 characters)**

Not Applicable

**1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy.
(limit 1000 characters)**

The front door provider, Grassroots, is launching a community-wide program to support youth in the "coming out" process, including mediating between family

and friends, assessing for housing stability or homelessness. With elevated incidences of homelessness in this population, LGBT individuals will have quicker access to housing and services. CoC announcements are made on implementing Equal Access to Housing in HUD programs through e-blasts, discussions at CoC meetings, and meetings/phone calls related to implementing this Final Rule. Six providers in Howard County are held to this, including PSH, Emergency Shelter and Domestic Violence and Homeless Prevention. The CoC Lead monitors all providers and works to assist in upholding anti-discrimination policies and support providers in understanding the Notice's implications. All providers are committed to accepting households as they present with the exception of family configuration and unit size, upon availability.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
Crisis Intervention Team (CIT) partners	<input checked="" type="checkbox"/>
mental health staff at jail & police dept	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

The CoC is working towards a partnership with the local hospital to identify a clear discharge policy to connect all persons to convalescent care or crisis beds instead of to the streets/literal homelessness. Currently, there are processes in place, but no CoC discharge policy. We are working to increase the stock in housing options for persons experiencing homelessness to ensure persons exiting health care institutions are not discharged into homelessness whether they are literally homeless or at-risk. The Health Dept. provides substance abuse treatment and works with persons on a rehousing plan upon exiting their programs. The emergency shelter and domestic violence shelter work intimately with the local hospital on homeless and DV persons who are in treatment at the hospital to ensure they are connected to safe shelter or housing upon leaving.

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)**

The CoC's project inventory are all PSH. Most of them are designated in their original funding to house households meeting the chronic homeless definition. The CoC has adopted the Order of Priority in 2016 and makes placements through the By-Name list for PSH. All applicants participate take referrals from the By-Name list, which ranks households by chronic homeless status, and then by length of time and severity of service needs based on the Notice published by HUD Notice CPD-16-11. Given this, the PSH applied for in the 2017 cycle are all operating on the same criteria for severity of needs and vulnerabilities by housing (dedicated units made available by turnover, or original designation) to chronic households. As of the date of this applications submission, our CoC still has a demand for PSH for the chronically homeless, and applicants will continue to maintain this in partnership to support the CoC goals through project application operations.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 08/31/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 08/31/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	Reallocation Supp...	08/31/2017

Attachment Details

Document Description: Reallocation Supporting Documentation - MD-504

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Yes

Attachment Required: If “Yes” is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. 3-5

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was “Yes”, attach a copy of the HMIS Policies and Procedures Manual. Yes

2A-3. What is the name of the HMIS software vendor? Mediware

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area. Single CoC

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	122	35	87	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	0	0	0	
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	104	0	104	100.00%
Other Permanent Housing (OPH) beds	2	0	0	0.00%

**2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.
(limit 1000 characters)**

Not Applicable.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR?

7

**2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)**

05/04/2017

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/25/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 04/05/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)

The sheltered PIT count is reported through HMIS. All of the sheltered providers (with the exception of Domestic Violence provider, which provides aggregate numbers) enter into HMIS. At the time of the PIT, agencies are reminded of the upcoming count and asked to confirm that all information in the system is correct and current for 100% of program participants. In 2017, the sheltered PIT count implementation was unchanged from 2016. In 2016 Howard County had a severe blizzard and a much larger number of persons presented for shelter programs, which increased demand for the shelter-based count in HMIS. In 2017, the weather was in the 70s during the day and mild overnight. The shelter providers used HMIS based method for entering all persons served that night into the PIT. All shelter providers are given technical assistance and training throughout the year and specific instructions for HMIS entry for the night of the PIT.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? No

2C-2a. If "Yes" was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017? Yes

CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

2C-4a. Describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC's unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

The CoC did not conduct an unsheltered count in 2016 (but had persons present for services who were unsheltered on the night of the PIT). In 2015 and 2017, the CoC conducted a Street Count.

The CoC changed a few methods from 2015 to 2017.

- Leading up to 2017, the PIT workgroup pre-canvassed the County to locate people known/unknown for outreach.
- In 2017, 3 Resource Centers (tents) were located in high-traffic areas near where literally homeless persons congregate or present for services, instead of 1 Resource Center site.
- In 2017, we excluded 1 area of the County surveys in 2015, and focused the street count to areas where homeless persons are known to congregate, and where canvassing teams identified unsheltered persons.
- The high data quality for 2015 and 2017 can be attributed to ongoing training with street count and site-based surveyors who volunteer throughout the year.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 1000 characters)

The CoC, with County and nonprofit partners, has an established Youth Workgroup. The Youth Workgroup conducted focus groups with homeless youth to gather information on their needs and locations they may be presenting for services in the 2 months prior to the PIT. Workgroup members also provided insight into locations to canvass and survey. Through networking with youth, youth-providers, and targeted surveying, more unaccompanied youth (HUD Literally Homeless and Non-HUD Homeless) were identified. This year we identified 7 (HUD definition) and 8 (unaccompanied youth State definition). Of the 8 Non-HUD, 3 were Literally homeless (HUD) a few months prior, or after the PIT. These persons were not counted in the final numbers reported to HUD, but are on the CoC listing for other housing and services. From the January PIT, two unaccompanied youth were found to meet HUD's definition of chronically homeless and were identified for permanent housing.

**2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness.
(limit 1000 characters)**

The 2017 PIT survey included questions to document chronic status in a way that matched the HUD definition. The PIT captured a reliable count of chronic persons in unsheltered and sheltered situations, and was used to establish the By-Name list for PSH. The extensive canvassing efforts provided the ability to locate nontraditional places families may be, including parked cars and lingering near shopping centers. Persons conducting the survey were specifically trained on ways to ask about previous association with the military, and if they identified as a veteran by types of wars and military engagements. After the PIT, the CoC ensured veterans from the PIT were included in the by-name list for PSH.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)

The numerical change for ES/SH/TH programs, the CoC experienced was 8 (with no prior HMIS enrollment). The numerical change for ES/SH/TH /PH, the CoC experienced was 8 (with no prior HMIS enrollment). The total decreased by 17, indicating a reduction of those entering the system. The CoC used onset of serious medical conditions and housing voucher loss as risk factors for indicating a household would become first-time homeless. The CoC's strategies that are in place to address households who are at risk of becoming homeless include a multi-tiering of prevention interventions across the system: Diversion, short to medium term Prevention, and intensive support intervention for households with high risk factors for literal homelessness. The CA is the Dept. of Community Resources' Office of Community Partnerships, and is responsible for overseeing the CoC's strategies to reduce or end the number of individuals and families experiencing homelessness for the first time.

3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)

The numerical change for length-of-time (LOT) households remain homeless increased by 8 days, but decreased by 39 days when including TH.

Actions: provided local funding to agencies for rehousing activities to reduce length of time homeless; establishing a by-name list and tracking LOT all

households are experiencing homelessness; conducting Housing First training; hearing from providers that the lack of financial resources is the main barrier to shortening LOT homeless; funding a Housing Locator to identify housing for households to shorten their LOT.

Identifying: CoC identifies and houses households with the longest LOT homeless from the by-name list, and HMIS records. Staff pull HMIS reports and calculate the LOT for all persons, and then the households are ranked per the Order of Priority.

The CA is the Dept. of Community Resources' Office of Community Partnerships, and is responsible for overseeing the CoC's strategies to reduce the LOT households remain homeless.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing. (limit 1000 characters)

Placement: The numerical change the CoC experienced for successful PH placement decreased by 18% (from 55% to 38%). We recognize past strategies of landlord guarantee program, a Housing locator and local subsidies have not been sufficient to improve the exits to PH. The CoC was awarded RRH from FFY15-ESG, starting in spring 2017. The CoC is shifting to RRH as a strategy to increase exits to PH.

Retention: The numerical change the CoC experienced for retention of PH upon placement had no change (100% retained PH or exited to PH). The CoC's strategies for households to retain PH include: SOAR trained staff in PSH, landlord mediation for persons residing in any PH program (CoC/local), and providing local funding for client supports so households are able to retain their PH.

The CA is the Dept. of Community Resources' Office of Community Partnerships, and is responsible for overseeing the CoC's strategies to successfully place homeless households into PH and assist them in retaining PH.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness. (limit 1000 characters)

The numerical change over 2 years in HDX, are 0% in under 6 months (mo), 8% between 6-12 mo, 6% between 13 and 24 mo, and overall a 14% return to homelessness. Strategies implemented: households who report previous

homelessness receive higher priority for referral into coordinated system; makingchange, Inc. (financial counseling) conducts follow up calls to inquire if households who have exited are currently housed/employed; if identified as returned to homelessness, household is reconnected to coordinated system. Strategies the CoC will use: CoC/HMIS leads are restructuring reports to track entry/exits to/from homelessness; shifting local funds to increase rapid rehousing programs to ensure those exiting homelessness are connected to supports to reduce returns to homelessness. The CA is the Dept. of Community Resources' Office of Community Partnerships, and is responsible for overseeing the CoC's strategies to reduce returns to homelessness after exiting to PH.

3A-5. Performance Measures: Job and Income Growth

Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits. (limit 1000 characters)

The CoC-PSH provider is Humanim, Inc., and has: Benefits Specialist connects clients to mainstream benefits; Case Managers recertify clients for benefits; SOAR staff connect with SSI/SSDI. Humanim's Supported Employment program is inextricably tied to PSH case management for persons who are able to work, or wish to increase any income. The CoC funds the Office of Workforce Development to provide employment supports to homeless households. This increases access to employment, job-readiness, resume writing and job applications. Coupled with the supported employment at Humanim, the CoC has established partnerships to create direct access to employment opportunities which increase access to and attainment of cash income and mainstream benefits. The CA is the Dept. of Community Resources' Office of Community Partnerships, and is responsible for overseeing the CoC's strategies to increase job and income growth from employment and mainstream benefits.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests). Yes

3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?

(limit 1000 characters)

The 2017 PIT conducted an unsheltered Street Count with Resource Centers (tents) located in 4 locations across the County, with street outreach teams conducting surveys on foot/car. In 2015, a full street count was conducted (with 5 locations across the county, Columbia, Laurel, Elkrige/Jessup, Ellicott City, Western Howard County) where surveyors canvassed the entire geographic region of Howard County. In Western Howard County, no homeless persons were found, no evidence of camps or unsheltered persons were seen, and it was determined at that time that portion would be excluded in the next unsheltered PIT count, held in 2017. The 4 locations that were included: Columbia, Laurel, Elkrige/Jessup, Ellicott City. notably, unsheltered homeless predominantly congregate along the Route 1 corridor which crosses Laurel, Elkrige/Jessup and borders parts of Columbia.

**3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016.
(mm/dd/yyyy)** 06/17/2017

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	51	55	4

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	26
Total number of beds dedicated to individuals and families experiencing chronic homelessness	43
Total	69

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

**3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 1000 characters)**

The CoC provides funding for programs to rapidly rehouse families within 30 days of becoming homeless, including the Shelter Diversion program, ESG-RRH, and Housing Location. The Collaborative Applicant (CA), also ESG Recipient, was awarded FFY15 ESG-RRH funds from the State. The 2017 HIC will not show ESG-RRH programs, as the Recipient did not receive an executed Grant Agreement until late 2016. The CoC's strategies for rapidly rehousing households of families with children within 30 days of becoming homeless include: meeting with landlords to explain any short to medium term subsidy, offering the landlord guarantee program (a local incentive) for landlords, request leniency with poor credit/criminal background, and mediate issues between the family and landlord. The CA is the Dept. of Community Resources' Office of Community Partnerships, and is responsible for overseeing the CoC's strategies to rapidly rehouse families with children within 30 days of becoming homeless.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	0	0	0

**3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing.
(limit 1000 characters)**

Howard County has two emergency shelters, one domestic violence shelter, two permanent supportive housing providers, and two rapid rehousing providers. Some agencies provide both emergency shelter and rapid rehousing. All have policies and procedures they will not discriminate entry into programs

or separate family members based on age, sex, gender, LGBTQ status, marital status or disability. All are funded through CoC or ESG funds which requires anti-discrimination to receive funding, and are monitored at least annually. Policies and procedures are reviewed and verified that non-discrimination is an adopted practice along with a stated policy. The CoC Lead meets with programs to provide TA, discuss challenging households, and help navigates different options that promote keeping the household intact. It is the CoC's policy to not deny entry for a protected status and to provide accommodations for persons with a disabling condition.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	Yes
LGBT youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

The CoC had been convening a youth homeless workgroup for 1.5 years with the Local Children's Board (LCB). The LCB was awarded funding to conduct a Youth Count (YC) (with the OWD) to support the workgroup. The YC included a Street Count & Resource Fair to survey homeless youth (unsheltered/HUD and unaccompanied/State).

Strategies

- 1.Engagement-Convene partners in homeless youth workgroup
- 2.Secure funding for YC
- 3.(Hire) Consultant to Guide YC
- 4.Collect & Analyze Data

Evidence of Effectiveness

- 1.Engagement, 2015-Present
 - Youth Homeless Symposium held in spring 2016 with 120+ attendees
 - Over 10 Partners committed to Youth Homeless Workgroup
 - Awareness campaign launched in spring 2017 and PSA in fall 2017
- 2.Awarded grant funding for YC, Spring 2017
 - LCB awarded grant funding in partnership with the CoC
- 3.Consultant Guided YC, Spring 2017
 - Public outreach and marketing conducted-flyers, outreach cards, meetings with hospital, schools, community college, community centers, etc.
 - Coordinate with State-wide Youth REACH
 - YC held
 - Final Report produced
- 4.Collect & Analyze Data, 2015-present
 - Sharing existing partner data – 2015-2016
 - Issued survey at YC activities, spring 2017
 - Tally number of homeless youth

The CoC measures for effectiveness by

- +Tracking number of groups: conducting public awareness, reaching homeless youth
- +Calculating the amount of grant funding dedicated to homeless youth
- +Documenting number of homeless youth

**3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services.
(limit 1000 characters)**

The CoC collaborates with youth education providers in:

1. CoC Youth Homeless Workgroup by reviewing/sharing data and raising awareness between McKinney-Vento and other providers
2. Howard County Public School System (HCPSS)'s Homeless Advisory Committee (HAC)

The HAC has an MOA in place between eleven partners to ensure agencies are collaborating effectively to improve academic outcomes, promote positive working relationships among parties working with homeless children/families, to develop written agreements between agencies serving homeless children age 0-5 to promote an integrated model of program delivery. The CoC is party to the MOA (effective in 2014).

The CoC's has policies and procedures for homeless families with children to

be connected to pupil personnel workers and other school-based services. This is an established process and is on page 22 of the CoC policy and procedures (for CoC-funded projects) and on page 11 of the CSHS (coordinated system policies).

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	
Head Start	Yes	
Early Head Start		
Child Care and Development Fund	Yes	
Federal Home Visiting Program	Yes	
Healthy Start		
Public Pre-K	Yes	
Birth to 3	Yes	
Tribal Home Visiting Program		
Other: (limit 50 characters)		

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)**

A VA Outreach Worker (VAOW) comes weekly to North Laurel, the area in the CoC where the unsheltered homeless congregate. VAOW links unsheltered veterans to Alliance, Inc., a nonprofit that provides SSVF and other housing supports including HUD-VASH referrals. The CoC's by-name list includes all homeless veterans in our geographic area. There are no HUD-VASH, SSVF or GPD program providers located in our CoC. All referrals go outside of the jurisdiction, and VAOW is key to ensuring all links to VA-specific housing and services are made, including documenting all engagements. The CoC participates in a statewide workgroup on Veteran homelessness, which has broadened our ability to map housing resources as Veteran homeless sources are not provided in-County. The CoC CA is the Office of Community Partnerships, with a sister-office, Office on Veterans and Military Families, which has been a key partner in identifying other Veteran related services.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?

Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? No

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	No	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

The CoC works with:

- +The Day Resource Center connects persons to SNAP, TANF, substance abuse treatment
- +CoC/PATH outreach: SOAR staff assist to apply for SSI/SSDI
- +Health Dept. provides substance abuse treatment for homeless persons
- +Once households obtain SSI/SSDI, they are enrolled in Medicaid/Medicare; those ineligible for SSI/SSDI are connected to state insurance
- +CoC-PSH connect persons with SSI/SSDI, Medicaid/Medicare, and assists persons to apply for other mainstream benefits
- +The CA emails updates regarding mainstream resources
- +At CoC meetings mainstream benefits are discussed and providers share where mainstream benefits can be accessed in the community, including

energy assistance, food pantries/banks, Head Start, SNAP, TANF, and medical assistance

The organization responsible for overseeing the CoC's strategy for mainstream benefits is the Dept. of Community Resources and Services, Office of Community Partnerships, the CoC Collaborative Applicant.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	5.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	5.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	5.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	5.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

The CoC's outreach covers 100% of the County, by means of year-round Outreach and annual PITs. Year-round Outreach includes: ESG & PATH funded Street Outreach, Day Resource Center (open 3 day/week), Mobile Crisis Team (24/7), ACT Team (24/7) focused on taking mental health services to persons with current and past homelessness, psychiatric hospitalization, and incarceration who are unable to access services.

Annual Activities include: PIT Street Count canvasses entire geographic area for persons who unsheltered, conducts surveys and distributes information on housing and services available in the community; Youth REACH PIT (for unaccompanied/homeless youth ages 15-26), canvasses entire geographic area for unaccompanied and homeless youth, issues paper and e-surveys, conducts public outreach and marketing with flyers, outreach cards, meetings with hospitals, schools, community college, community centers and local churches.

4A-5. Affirmative Outreach

Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

Coordinated Entry (CE) Cards are posted in places homeless individuals and families with children congregate and access, including DSS offices, MultiService Center (one-stop shop for support services), local public schools, prevention agencies, food pantries, local businesses and community centers. The CoC's strategy implemented ensures that all persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status or disability have access to CoC resources. The CoC has taken measures to provide effective communication to all persons regardless of disability or language, as the hotline for CE has a language line for persons with LEP, and all in-person CE access points are accessible for persons with disabilities.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	0	0	0

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes		
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoC Rating and Re...	08/25/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Rating and Review...	08/25/2017
05. CoCs Process for Reallocating	Yes	CoC Process for R...	08/25/2017
06. CoC's Governance Charter	Yes	CoC-Governance Ch...	08/25/2017
07. HMIS Policy and Procedures Manual	Yes	MD-504-HMIS Polic...	08/25/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	Howard County Hou...	08/31/2017
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	2017 Competition ...	08/25/2017
14. Other	No		
15. Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Rating and Review Procedure

Attachment Details

Document Description: Rating and Review Procedure - public posting
evidence - web + emails

Attachment Details

Document Description: CoC Process for Reallocating

Attachment Details

Document Description: CoC-Governance Charter (P&P)

Attachment Details

Document Description: MD-504-HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: Howard County Housing Commission-PHA
Admin Plan -excerpts

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 2017 Competition Report HDX-MD-504

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	08/23/2017
1B. Engagement	08/25/2017
1C. Coordination	08/31/2017
1D. Discharge Planning	08/25/2017
1E. Project Review	08/31/2017
1F. Reallocation Supporting Documentation	08/31/2017
2A. HMIS Implementation	08/31/2017
2B. PIT Count	08/31/2017
2C. Sheltered Data - Methods	08/25/2017
3A. System Performance	08/31/2017
3B. Performance and Strategic Planning	09/01/2017

4A. Mainstream Benefits and Additional Policies

08/31/2017

4B. Attachments

Please Complete

Submission Summary

No Input Required

From: Hippert, Michelle L
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Subject: Local CoC Project Applications - release
Date: Thursday, June 15, 2017 4:13:00 PM
Attachments: 2017 Project Applications - renewal and new.zip

Good afternoon,

The Howard County Office of Community Partnerships is seeking Local Applications for the Federal Fiscal Year (FFY) 2017 Continuum of Care (CoC) Program for Permanent Supportive Housing Projects for individuals and families experiencing chronic homelessness. All applicants for renewal and new projects are required to submit applications. There is a separate application for each renewal project and for any new projects. Funding for new projects (created through BONUS or Reallocation) will be based on information prescribed by the U.S. Department of Housing and Urban Development (HUD) Notice of Funding Availability (NOFA) for FFY17. All data in renewal applications must be directly from HMIS/ServicePoint.

- **Proposals must be received no later than 5:00 p.m, on Wednesday, July 12, 2017 to: Michelle Hippert, CoC Manager, DCRS.**
- Each Project Application must be submitted
 - (1) One hard copy proposal
 - Hard copy proposals must contain the signature of a duly authorized officer or agency of the applicant who is empowered to bind the applicant to the requirements of the Application.
- Proposals submitted without an authorized signature will be deemed non-responsive and incomplete and will not be accepted for review.
- (1) Electronic proposal

It is highly recommended to refer to HUD-issued guidance as agencies prepare and apply for 2017 CoC funds.

- <https://www.hudexchange.info/programs/e-snaps/fy-2017-coc-program-nofa-coc-program-competition/>
- **More information will be disseminated as it becomes available from HUD**

Please contact me with any questions.

Thanks so much!

Michelle L. Hippert, MCP, CoC Manager
Continuum of Care (CoC) Program
Office of Community Partnerships
6751 Columbia Gateway Drive, Suite 300
Columbia, MD 21046
410-313-5971 (direct)
410-313-6424 (fax)

The Department of Community Resources and Services provides vital human services through its offices of ADA Coordination, Aging and Independence, Children and Families, Community Partnerships, Consumer Protection, Local Children's Board, and Veterans and Military Families.

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Departments

Continuum of Care (CoC)

Local Application for Renewal and New Projects for Continuum of Care Permanent Supportive Housing Projects for individuals and families experiencing chronic homelessness

The Howard County Office of Community Partnerships is seeking Local Applications for the Federal Fiscal Year (FFY) 2017 Continuum of Care (CoC) Program for Permanent Supportive Housing Projects for individuals and families experiencing chronic homelessness. All applicants for both renewal and new projects are required to submit applications. There is a separate application for each renewal project and for any new projects. Funding for new projects (created through BONUS or Reallocation) will be based on information prescribed by the U.S. Department of Housing and Urban Development (HUD) Notice of Funding Availability (NOFA) for FFY17. All data in renewal applications must be sourced directly from HMIS/ServicePoint.

Proposals must be received **no later than 5:00 p.m, on Wednesday, July 12, 2017** to: Michelle Hippert, CoC Manager, DCRS

Each Project Application must be submitted:

- (1) One hard copy proposal
 - Hard copy proposals must contain the signature of a duly authorized officer or agency of the applicant who is empowered to bind the applicant to the requirements of the Application.
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Project Applications must be submitted to:

[Michelle L. Hippert, MCP, CoC Manager](#)

[Continuum of Care \(CoC\) Program](#)

[Office of Community Partnerships](#)

[6751 Columbia Gateway Drive, Suite 300](#)

[Columbia, MD 21046](#)

mhippert@howardcountymd.gov

Please call (410-313-5971) or email (mhippert@howardcountymd.gov) with any questions.

Application Documents:

- [McKinney 1 Project Application](#)
- [McKinney 3 Project Application](#)
- [McKinney 4 Project Application](#)
- [Project Revive- Project Application](#)
- [NEW Project Application](#)

Continuum of Care (CoC)

In 1995, HUD began requiring communities to submit one application for McKinney-Vento Homeless Assistance Grants. This streamlined the application process, and encouraged the coordination of housing and support services for agencies providing direct homeless services, and placed emphasis on the development of local CoCs. The CoC is defined as “the local planning body that coordinates housing and support services funding for homeless families and individuals.” In 2009, President Obama introduced the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. This Act amended and reauthorized the McKinney-Vento Homelessness Assistance Act with substantial changes. In August 2012, HUD issued the Interim Rule which provided regulations for how the HEARTH Act of 2009 would be managed and administered.

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- Operating the CoC
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The Program Components of the CoC Competitive Grant Program are:

- Permanent Housing (Permanent Supportive Housing and Rapid Rehousing)
- Transitional Housing
- Support Services Only (SSO)
- Homeless Management and Information System (HMIS)

Project Review, Score, and Ranking Procedures, including Reallocation

The ERA followed standard evaluation guidelines as listed in our Howard County Government, Continuum of Care Policies & Procedures, Effective October 2015. These have been posted on our website since January 2016. Page eight through 10 outlines the process the ERA utilizes to review, rank, reject or reallocate both renewals and any new projects including BONUS.

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In order to review outcomes based on these criteria (page 10) the ERA used a Score Card that reviewed APR data (directly from ServicePoint) as well as HUD's standards ("pass/fail" elements). All Project Applications were scored, ranked based on score then accepted/rejected/reallocated, and then placed into one of the two tiers, as HUD requires. Below is a copy of the Score Card that was used for all Projects reviewed by the ERA.

- [View 2016-Renewal-Score Card-BLANK](#)

Posting of FY 2016 Project Selections, Ranking, and CoC Application

This year Howard County's HUD approved Annual Renewal Demand (the amount we are allowed to ask for) is \$762,534.00, with 93% of that in Tier 1 and 7% in Tier 2 (per the NOFA). The ERA met on 8/25/16 to review, rank and tier each project in the 2016 CoC Competition. The ERA decided:

- McKinney Project Applications I, II, III, IV and the Shelter Plus Care Project were accepted.
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- Humanim, Inc. was chosen as the Subrecipient of both the new reallocated and BONUS project as the only project applicant seeking new PSH projects for the chronically homeless population that met and passed threshold requirements.

ERA's Final 2016 Ranking/Decision:

Annual Renewal Demand		\$ 762,534.00
Project	Tier 1	Rank
Shelter + Care	151,158.00	1
McKinney I	321,520.00	2
McKinney IV	15,293.00	3
McKinney III	50,155.80	4
McKinney II	171,029.82	5
Tier 1 total	\$ 709,156.62	
Project	Tier 2	Rank
McKinney II	8,418.00	5
NEW - PSH	44,959.38	6
(7% of ARD)	\$ 53,377.38	
BONUS - PSH	38,128.00	7
Tier 2 total	\$ 91,505.38	
Unfunded/Reallocated		Rank
McKinney V	\$ 21,841.00	NA
Total Project Applications \$ 800,662.00		

The following are all sections for the Continuum of Care 2016 Application (click the name to open as a pdf):

- **Consolidated Application**

- **Priority Listing**

- **Project Applications:**

1. [S+C](#)
2. [McKinney I](#)
3. [McKinney IV](#)
4. [McKinney III](#)
5. [McKinney II](#)
6. [Project Revive – new](#)
7. [Finally Home Howard County – BONUS](#)

Public Comment period will be open from 9/2/16 through 9/7/16, at which time the application will be submitted through County government for approval by the County Executive and then submitted to HUD by or before 9/14/16, 7:59 PM. Any comments, edits or input can be provided via phone, email, fax, or in person to: Michelle L. Hippert, MCP, CoC Manager, Continuum of Care (CoC) Program, Office of Community Partnerships, 6751 Columbia Gateway Drive, Suite 300, Columbia, MD 21046. Phone: 410-313-5971 (direct). FAX: 410-313-6424

If you have questions related to the Continuum of Care program, contact: Michelle L. Hippert, MCP, CoC Manager at 410-313-5971 (voice/relay) or email mhippert@howardcountymd.gov.

Mailing Address:

Michelle L. Hippert, MCP, CoC Manager
Continuum of Care Program
Office of Community Partnerships
Howard County Department of Community Resources and Services
6751 Columbia Gateway Drive, Suite 300, Columbia, MD 21046

If you are experiencing homelessness or an immediate housing crisis, please contact Grassroots Crisis Intervention 24 HOUR CRISIS HOTLINE: 410-531-6677 (voice/relay).

<u>Open Applications</u>	<u>Maryland Department of Human Resources</u>		
		<u>Continuum of Care Applications</u>	<u>Housing For All (5 Year Plan)</u>
There are no open applications available at this time.			

Howard County, Maryland
George Howard Building
3430 Court House Drive
Ellicott City, MD 21043
ask@howardcountymd.gov
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From: [Hippert, Michelle L](#)
To: [Hippert, Michelle L](#)
Subject: FW: Local CoC Project Applications - release
Date: Wednesday, July 12, 2017 4:09:11 PM
Attachments: [2017 Project Applications - renewal and new.zip](#)
Importance: High

Good evening CoC,

The due date for this submission **has been extended to July 18, 2017, 5:00 PM.**

For renewals – please submit a letter of interest to apply.

For new projects – please submit the attached application for a “New Project.”

As of today, the 2017 NOFA has not been released, so if your agency is interested in applying for funding in the 2017 CoC competition, please contact me.

Take care,
Michelle L. Hippert, MCP

From: Hippert, Michelle L
Sent: Thursday, June 15, 2017 4:14 PM
To: Michelle Hippert - Howard County Government (mhippert@howardcountymd.gov)
<mhippert@howardcountymd.gov>
Subject: Local CoC Project Applications - release

Good afternoon,

The Howard County Office of Community Partnerships is seeking Local Applications for the Federal Fiscal Year (FFY) 2017 Continuum of Care (CoC) Program for Permanent Supportive Housing Projects for individuals and families experiencing chronic homelessness. All applicants for renewal and new projects are required to submit applications. There is a separate application for each renewal project and for any new projects. Funding for new projects (created through BONUS or Reallocation) will be based on information prescribed by the U.S. Department of Housing and Urban Development (HUD) Notice of Funding Availability (NOFA) for FFY17. All data in renewal applications must be directly from HMIS/ServicePoint.

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Please contact me with any questions.

Thanks so much!

Michelle L. Hippert, MCP, CoC Manager
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howardcountymd.gov/communityresources

Howard County Continuum of Care Policies & Procedures

Communication

Methods of sharing information to Steering Committee members (and any interested persons/agencies) between meetings will include:

1. Information sent out via email lists
2. Information added to the CoC website, including:
 - a) Information on the work of the Continuum including project ranking for annual competitions
 - b) Plans and implementation
 - c) Data
 - d) Funding availability

CoC Application Process

General Procedure

HUD CoC funds are granted based on a national competition following annual Notice of Funding Availability (NOFA) releases. The Howard County CoC (DCRS Lead Agency) coordinates the process upon receipt of the federal NOFA. Information regarding the NOFA and the community's process and requirements are disseminated to all interested parties (all homeless services and housing providers in the CoC) via the following open solicitation methods:

- Letters/emails
- Responses to public inquiries
- Announcements at meetings
- Posted on the DCRS Lead Agency website

Procedures for Application Submissions

Proposals must be submitted to the DCRS Lead Agency by the designated method, noted in the solicitation, by established due date. Proposals will always be due by 5:00 pm on the due date. Specifics regarding due dates, submission requirements, and other requirements will be posted on DCRS Lead Agency website, <https://www.howardcountymd.gov/Departments/Community-Resources-and-Services/Office-of-Community-Partnerships/Continuum-of-Care-COC>.

Threshold Criteria and Project Requirements

Projects must pass a threshold requirement review before being submitted to the ERA Committee. Late or incomplete applications will not pass threshold requirements for reviewing and ranking by the ERA Committee. These threshold requirements are:

- Project Applicant
 - Must be eligible to apply for CoC funding: Nonprofit organizations, State, or local government
 - Must not require participation in religious services for CoC-funded programs
 - Must be an eligible contractor for federal funds per <https://www.sam.gov/>
 - Must have a current tax exempt status as verified by the IRS
 - Must not owe any overdue tax debts, as documented on IRS 990 submissions to the IRS
 - Must have financial and management capacity to carry out the project(s)
 - Must provide evidence of a homeless or formerly homeless person is on the Board of Directors or in a role in the policy-making process within the Agency

Howard County Continuum of Care Policies & Procedures

- Must be able to evidence Agency policies and procedures for the administration for CoC funds
 - Must participate in Homeless Management Information Systems (HMIS)
 - Must administer programs or activities in the most integrated setting appropriate to the needs of homeless persons with disabilities
 - Must identify matching funds in the Budget and Budget Narrative
 - Must not discriminate against households with a registered sex offender and/or person with a criminal record, including a violent crime, for acceptance into the program even if a child is in the household. It is a CoC goal to eliminate as many barriers for the “hardest-to-house” populations.
 - Must provide all required information listed in Required Attachments and be capable of fulfilling all required Work Effort.
- Eligible Project & Activity Type
 - Completeness of the application

Project Review and Ranking

HUD requires all Continuum of Cares (CoC) have an evaluation process for ranking all renewal and new projects. In each competition, HUD will state the percentage of renewal amounts that are required to be in either Tier 1 or Tier 2. The Performance Score Card and Assessment (described below) will be used to determine where projects will rank in the Tiers. The ERA will complete all project review and ranking.

Performance Score Card & Assessment

The Performance Score Card (Score Card) is a scoring-based tool based on the Annual Performance Report (APR) that is required annually to HUD. The Score Card reviews project-specific and CoC-wide outcomes, and are directly related to the federal goals to reduce length of homelessness, reduce returns to homelessness and increasing household income. Additional System Performance Measure may be included in future assessments, as HUD releases updates. The Assessment of each project will include:

1. Whether projects operate as “Housing First”
2. Projects with performance outcomes from Annual Performance Reports/HMIS
 - Length of stay
 - % permanent housing exit destinations
 - % increases in income
3. Project Monitoring Criteria/Summaries
 - Participant Eligibility
 - Utilization rates
 - Drawdown rates
 - Frequency or Amount of Funds Recaptured by HUD
4. Project Meeting a need for specialized population services
 - Youth
 - Victims of Domestic Violence
 - Families with Children
 - Persons Experiencing Chronic Homelessness
 - Veterans
 - Persons with Disabilities, including children

Howard County Continuum of Care Policies & Procedures

Project Reallocation

The DCRS Lead Agency must ensure projects submitted in the CoC Consolidated Application best align with HUD priorities and contribute to a competitive application that secures these dollars in our community. The DCRS Lead Agency will review reallocation options and will consider reallocation if necessary. Reallocation should occur, if one or more of the following is true:

- The results of the Score Card and Assessment show the Project is under, non-performing or is not cost-effective; or
- If current project cannot demonstrate sufficient capacity to successfully carry out the project, or is unable to be compliant with the its goals; or
- If the current NOFA indicates/recommends reallocation for a component or activity; and
- A sufficient plan is in place to secure and maintain permanent housing for current project participants if any projects are reallocated.

If one or more of the above criteria for reallocation is met, a Reallocation Plan will be created to develop the best program to meet the needs of the community. All reallocation decisions to decrease funding, defund or create new projects will be compared to performance criteria and funding priorities to determine the extent to which each project is aligned to achieve such outcomes. Final decisions will be made by the ERA.

Reallocating to New Projects

The DCRS Lead Agency will release new project applications/opportunities for any funds available as a result of reallocation and BONUS grants. This ERA review process will follow the same steps as renewal projects. The DCRS Lead Agency will notify applicants if their project was rejected or accepted prior to the NOFA determined deadline, as recommended by the ERA. All final rules for reallocation will be defined by HUD in the (Notice of Funding Availability) for the CoC Program Competition. Please note the DCRS Lead Agency may need to revise the requirements described and/or request additional information after the NOFA is released.

Using All Available Funds

The ERA and DCRS Lead Agency will do everything possible to ensure that all funds available to the community are applied for. When all applications have been submitted and it is found that the community is not requesting as much money as is available from HUD or no BONUS projects have been submitted, then:

- The CoC staff will email all CoC and other interested parties (all homeless service and housing providers in the CoC) with specifics regarding, how much money is available for what type of programs
- Applications deadlines for these funds will be set after the notice is distributed.

HUD Reporting Requirements

Annual Performance Reports

Annual Performance Reports (APRs), formerly called Annual Progress Reports, are required by HUD on an annual basis to track the progress and accomplishments of HUD's CoC Programs. The APR gathers information on how programs assist homeless persons to obtain and/or remain in permanent housing, increase skills and income, and obtain greater self-determination. This information is used by HUD and Congress to assess outcomes from federal funding.



Allan H. Kittleman, County Executive

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Departments

Continuum of Care (CoC)

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ERA's Final 2016 Ranking/Decision:

From: Hippert, Michelle L
To: [Michelle Hippert - Howard County Government \(mhippert@howardcountymd.gov\)](mailto:mhippert@howardcountymd.gov)
Bcc: [Adam Hilton - Bridges \(adam@bridges2hs.org\)](mailto:adam@bridges2hs.org); [Aisha Madood - Family & Children's Services \(amados@fcsmd.org\)](mailto:amados@fcsmd.org); [Alecia Slahetka - CWS - St. John Evangelical Lutheran Church \(tslahetka@aol.com\)](mailto:atslahetka@aol.com); [Alison Zuzak - CWS - Glen Mar United Methodist Church \(zuzakal@verizon.net\)](mailto:zuzakal@verizon.net); [Alvin Thomas - New Life Assisted Living \(alvingthomas@comcast.net\)](mailto:alvingthomas@comcast.net); [Ana Cisneros - FIRN \(acisneros@firnonline.org\)](mailto:acisneros@firnonline.org); [Angie McAllister - UWCM \(angie.mcallister@uwcm.org\)](mailto:angie.mcallister@uwcm.org); [Anika A - ACIDD \(anika@acidd.us\)](mailto:anika@acidd.us); [Anne Brinker - Howard County Government \(ABrinker@cac-hc.org\)](mailto:abrinker@cac-hc.org); [Anne Dunn - Community Member \(anne@spiritofcommunity.net\)](mailto:anne@spiritofcommunity.net); [Barbara Coleman - Legal Aid \(bcoleman@mdlab.org\)](mailto:bcoleman@mdlab.org); [Becki Bowman - Howard County Government \(bbowman@howardcountymd.gov\)](mailto:becki.bowman@howardcountymd.gov); [Benjamin Wade - HCPSS \(benjamin_wade@hcpss.org\)](mailto:benjamin_wade@hcpss.org); [Beth Stein - Howard County Government \(estein@cac-hc.org\)](mailto:estein@cac-hc.org); [Bill Salganik - Community Advocate \(billsalganik@gmail.com\)](mailto:billsalganik@gmail.com); [Bita Dayhoff - Howard County Government \(bdayhoff@cac-hc.org\)](mailto:bdayhoff@cac-hc.org); [Bob Coursey - Community Member \(courseybob@yahoo.com\)](mailto:courseybob@yahoo.com); [Bola Afolabi - Bridges \(bola@bridges2hs.org\)](mailto:bola@bridges2hs.org); [Brad Closs - Community Advocate \(bradmj@verizon.net\)](mailto:brad.closs@verizon.net); [Brannon O'Mara - Family & Children's Services \(bomara@fcsmd.org\)](mailto:bomara@fcsmd.org); [Brenda Cohen - Howard Community College \(bcohen@howardcc.edu\)](mailto:bcohen@howardcc.edu); [Brian Perry - Howard County Government \(bperry@howardcountymd.gov\)](mailto:bperry@howardcountymd.gov); [Brittany White - VA \(brittany.white2@va.gov\)](mailto:brittany.white2@va.gov); [Bryan Johnson - On Our Own of Howard County, Inc. \(bjohnson000hc@gmail.com\)](mailto:bjohnson000hc@gmail.com); [Caitlin Ward - Hearts and Homes \(cward@heartshomes.org\)](mailto:cward@heartshomes.org); [Carl Delorenzo \(cdelorenzo@howardcountymd.gov\)](mailto:cdelorenzo@howardcountymd.gov); [Cheryl Rowe - Howard County Government \(CRowe@howardcountymd.gov\)](mailto:crowe@howardcountymd.gov); [Chico Clemmons - Realtor - Coldwell Banker \(ccllemmons@cbmove.com\)](mailto:ccllemmons@cbmove.com); [Chloe Jackson - Building Families for Children \(chloe@buildingfamiliesforchildren.org\)](mailto:chloe@buildingfamiliesforchildren.org); [Chris Collins - Howard County Government \(ccollins@howardcountymd.gov\)](mailto:ccollins@howardcountymd.gov); [Christ Church Link - Church \(christchurchlink@gmail.com\)](mailto:christchurchlink@gmail.com); [Christiana Mercer - Community Advocate \(christianamercer@gmail.com\)](mailto:christianamercer@gmail.com); 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Subject: CoC Project Applications and Updated Score Card

Date: Thursday, August 24, 2017 4:59:00 PM

Attachments: 2017-Renewal-Score Card-BLANK.pdf

Good afternoon,

With the annual Continuum of Care applications all projects funded through the competition are required to be reviewed, ranked, and re-allocated if needed. Last year the Evaluation and Resource Allocation Committee used a Score Card to rank each project as listed in our CoC Policies and Procedures, page eight to 10. The Score Card has been updated to reflect HMIS changes to the previously submitted Annual Performance Report. Data elements did not

change. Please find the Score Card attached to this email.

Notably, all Project Applications are due for submission no later than 9/5/17 to this email, mhippert@howardcountymd.gov.

Please contact me if you have any questions.

Best,
Michelle

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The Department of Community Resources and Services provides vital human services through its offices of ADA Coordination, Aging and Independence, Children and Families, Community Partnerships, Consumer Protection, Local Children's Board, and Veterans and Military Families.

howardcountymd.gov/communityresources

2017 Project Applicant Performance Score Card: Renewal

Howard County Continuum of Care Project Applicant Performance Score Card: Renewals

Overview

Annually, every CoC funded program is ranked and tiered per HUD guidance. This Score Card's purpose is to ensure that HUD funded programs are providing the highest quality housing and services and that the programs are focused on achieving outcomes to end homelessness.

Overall Program Performance

To provide both project-specific outcome information and CoC-wide contributions, each CoC-funded program will be evaluated based on data entered into HMIS, the HUD Annual Performance Report (APR), and Project Applications submitted. The APR scoring criteria assess outcomes that directly relate to goals set by the HEARTH Act including reducing the length of homelessness, reducing returns to homelessness and increasing income.

NOTES

- 1) All criteria are scored based on materials submitted by the submission deadline, ie: APR due dates, etc.
- 2) The Capacity Assessment will be incorporated into the Performance Score Card results.
- 3) Time frame selected will be the most recently completed grant year or the last fiscal year, whichever ended *sooner*.

Project Name _____	Type of Program PSH RRH _____
Contact Person _____	Date _____
E-mail _____	Phone _____

	Criteria	Source	Max. Points	Scoring/Scaling	Response	Points
0	Project eligibility	Meets Project Threshold See HUD Project Renewal Threshold narrative printed at the end of this score card. Mark each criterion pass or fail.	11	<u>Pass/Fail/IP</u> 1a <u>Pass/Fail/IP</u> 2a <u>Pass/Fail/IP</u> 1b <u>Pass/Fail/IP</u> 2b <u>Pass/Fail/IP</u> 1c <u>Pass/Fail/IP</u> 2c <u>Pass/Fail/IP</u> 1d <u>Pass/Fail/IP</u> 2d <u>Pass/Fail/IP</u> 2e <u>Pass/Fail/IP</u> 2f <u>Pass/Fail/IP</u> 2g 1 point for each "Pass" .5 point for each "In Process" 0 point for each "Fail"	See criteria on last page	

2017 Project Applicant Performance Score Card: Renewal

1	Utilization Rate. Is the utilization rate at or above 85%? Compare the number of beds requested, and number of persons served	<u>CoC APR Q7a.</u> >Number of Persons Served >>Total (A) <u>CoC Project Application (B)</u>	5	95-100% = 5 points 90-94% = 3 points 85-89% = 1 point Below 85% = 0 points (A / B = C)	A. ___ Average number persons B. ___ Funded Beds C. ___ %	
1b	Utilization Rate. Compare the number of units funded and number of units occupied	<u>CoC APR Q8a</u> >Number of Households >>Total Households (A) <u>CoC Project Application (B)</u>	0	Information Purposes Only	A. ___ # Households Served B. ___ # Units Funded in Project Application	
2	Destination upon Program Exit – returns to homelessness What percentage of persons who exited, exited to Temporary Destinations including homelessness?	<u>CoC APR Q5a.5 and Q23a and Q23b</u> 23a Exit Destination – More than 90 Days >Temporary Destination >>Subtotal (A) + 23b Exit Destination – 90 Days of Less > Temporary Destination >>Subtotal (B) 5a – Report Validation Table >5. Number of Leavers (D)	5	5 points for 0-15% recidivism 3 points for 16-20% recidivism 0 points for over 20% $A + B = C$ $C / D = E$	A. ___ # of persons – more than 90 days - exiting to Temporary Destination + B. ___ # of persons –90 days or less- exiting to Temporary Destination = C. ___ Total Persons Exiting to Temporary Destinations / D. ___ # of Leavers E. ___ % of persons exiting to Temporary Destinations (recidivism measure)	

2017 Project Applicant Performance Score Card: Renewal

3	<p>Destination upon Program Exit – maintain permanent housing</p> <p>What percentage of persons served exit to <u>positive housing destinations</u>?</p>	<p><u>CoC APR Q5a.5 and Q23a and Q23b</u></p> <p>23a – “Exit Destinations – More than 90 Days” >Total >>Total persons exiting to positive housing destinations (A)</p> <p>23b – “Exit Destinations – 90 Days or Less” >Total >>Total persons exiting to positive housing destinations (B)</p> <p>5a – Report Validation Table >5. Number of Leavers (D)</p>	5	<p><u>5 points</u> for 91-100% <u>3 points</u> for 81-90% <u>1 point</u> for 75-80% <u>0 points</u> for below 75%</p> <p>$(A + B = C) / 2$</p>	<p>A. ____ # of persons – more than 90 days - exiting to positive housing destinations</p> <p>+</p> <p>B. ____ # of persons –90 days or less- exiting to positive housing destinations</p> <p>=</p> <p>C. ____ Total Persons Exiting to positive housing destinations</p> <p>/</p> <p>D. ____ # of Leavers</p> <p>E. ____ % of persons exiting to Temporary Destinations (recidivism measure)</p>	
4	<p>Performance Measure: Adults who Gained or Increased Income from Entry to Annual Assessment/Exit, Average Gain</p> <p>Performance Measure: Percent of Persons who Accomplished this Measure</p> <p>Did at least 35% of all participants increase their overall income?</p>	<p><u>CoC APR Q19a3</u></p> <p>19a3 – “Client Cash Income Change - Income Source - by Entry and Latest Status/Exit”</p> <p>><u>Row</u>: Number of Adults with Any Income (i.e., Total Income): >><u>Column</u>: >>>Total Adults (including those with No Income) (A)</p> <p>>>>Performance Measure: Adults who Gained or Increased Income from Entry to Annual Assessment/Exit, Average Gain (B)</p> <p>>>>Performance Measure: Percent of Persons who Accomplished this Measure (C)</p>	5	<p><u>5 points</u> At least 35% increased or maintained income <u>3 points</u> 30-34% increased or maintained income <u>2 points</u> 25-29% increased or maintained income <u>1 point</u> 20-24% increased or maintained income <u>0 points</u> Less than 20 increased or maintained income</p>	<p>A. ____ # Total Adults (including those with No Income)</p> <p>B. ____ # Performance Measure: Adults who Gained or Increased Income from Entry to Annual Assessment/Exit, Average Gain</p> <p>-----</p> <p>C. ____ % Performance Measure: Percent of Persons who Accomplished this Measure</p>	

2017 Project Applicant Performance Score Card: Renewal

5	Connecting program participants to mainstream benefits. Did at least 56% of adults served (current and leavers) increase or maintain their number of mainstream benefits received?	<u>CoC APR Q20b and Q5a2</u> 20b – Number of Non-Cash Benefit Sources <u>>Row:</u> 1 + Source(s) <u>>>Column:</u> <u>>>>Benefit at Latest Annual Assessment for Stayers (A)</u> <u>>>>Benefit at Exit for Leavers (B)</u> Q5a2. – Number of Persons Served <u>>Number of Persons Served</u> <u>>>Total (D)</u>	3	<u>3 points</u> Yes, at least 56% maintained or increased mainstream benefits <u>2 points</u> 45-55% maintained or increased mainstream benefits <u>1 point</u> 33-44% maintained or increased mainstream benefits <u>0 points</u> Less than 33% maintained or increased mainstream benefits $A + B \div C$ $C \div D = E$	A. ____ # Benefit at Latest Annual Assessment for Stayers + B. ____ # Benefit at Exit for Leavers = C. ____ Total Benefits for Stayers and Leavers / D. ____ Total Persons Served = E. ____ % Connected	
6	Ending Chronic Homelessness. Were the total number of PSH beds identified as dedicated/ prioritized for use by CH persons on the 2017 HIC greater than or equal to those identified on the 2016 HIC?	If “No” is answered, please attach a written explanation.	4	<i>For PSH projects</i> <u>4 points</u> Yes (Positive #) <u>0 points</u> No (Negative #) $(B - A = C)$	A. ____ # 2016 CH beds B. ____ # 2017 CH beds C. ____ # change between years	
7	Ending Homelessness among Households with Children & Ending Youth Homelessness. Were more households served using RRH from 2016 to 2017?	Use two prior APRs for comparison of RRH households served	1	<i>For RRH projects</i> <u>1 points</u> Yes (Positive #) <u>0 points</u> No (Negative #) $(B - A = C)$	A. ____ # 2016 RRH households served B. ____ # 2017 RRH households served C. ____ # change between years	
8	Ending Veterans Homelessness. Did project serve any veterans during the prior APR year?	List number of veterans served per APR.	0	Not scored. Please list number of veterans served (as reported per APR).	This metric is not scored but will be used for data collection relevant to Planning. ____ # Veterans (total persons in all households)	
9a.	Data Quality. Is the project reporting high-quality data to HMIS?	<u>CoC APR Q6 – all subsections</u> Q6a - Data Quality: Personally Identifiable Information <u>>Calculate Average Percent (A)</u>	2	<u>2 point:</u> for a Percent (%) Error Rate at 5% or Lower <u>0 point:</u> for a Percent (%) Error Rate at 5.01% or Higher	A. ____ Average % of Error Rate	
		6b - Data Quality: Universal Data Elements	2	<u>2 point:</u> for a Percent (%) Error Rate at 5% or Lower	B. ____ Average % of Error Rate	

2017 Project Applicant Performance Score Card: Renewal

		>Calculate Average Percent (B)		<u>0 point:</u> for a Percent (%) Error Rate at 5.01% or Higher		
		6c - Data Quality: Income and Housing Data Quality >Calculate Average Percent (C)	6	<u>6 point:</u> for a Percent (%) Error Rate at 5% or Lower <u>0 point:</u> for a Percent (%) Error Rate at 5.01% or Higher	C._ %_ Average % of Error Rate	
		6d - Data Quality Chronic Homelessness >Calculate Average Percent (D)	4	<u>4 point:</u> for a Percent (%) Error Rate at 5% or Lower <u>0 point:</u> for a Percent (%) Error Rate at 5.01% or Higher	D._ ____ Average % of records unable to calculate	
9b.	Data Quality: Timeliness Is the project entering timely data?	6e - Data Quality: Timeliness (BONUS points only)		BONUS POINTS: <u>5 points:</u> for 80% of data entered within 0-10 days <u>0 points:</u> for 80% of data entered in 11 days or longer		
10	Participant Eligibility / Additional Policies. Does the PSH, RRH project operate as “low barrier”?	Does the 2017 project application reflect “Low Barrier” Designation? If “No”, please attach a written explanation.	4	<u>4 Points</u> = Yes <u>0 Points</u> = No	Does the project use a low barrier standard?	
11	Participant Eligibility / Additional Policies. Does the PSH, RRH project operate using a “Housing First” approach?	Does the 2017 project application reflect “Housing First” Designation? If “No”, please attach a written explanation.	4	<u>4 Points</u> = Yes <u>0 Points</u> = No	Does the project fully use Housing First?	
12	Coordinated Entry/Continuum of Care Participation: Does the project fully participate in Coordinated System of Homeless Services (CSHS) and the Continuum of Care (CoC)?	Does the project fully participate in the CSHS, including providing clients referrals to partner agencies, receiving clients through the CoC, and regular participation in the Committees and Workgroups on homeless services?	6	<u>2 points:</u> Project regularly provides referrals to CSHS Partner Agencies <u>2 points:</u> Project receives clients from the CSHS through the Review Panel (past) /By-Name List (once open) <u>2 points:</u> Project regularly participates in Committees and Workgroups on homeless services through the CoC (75% participation is regular)	<u>Detail your project’s participation in the Coordinated System of Homeless Services and CoC. (Information will be confirmed by CoC Manager)</u>	

2017 Project Applicant Performance Score Card: Renewal

	PSH maximum=66 RRH maximum=63 (BONUS maximum = 5)				
	TOTAL				

2017 Project Applicant Performance Score Card: Renewal

Project Renewal Threshold. A CoC must consider the need to continue funding for projects expiring in CY 2018. Renewal projects must meet minimum project eligibility, capacity, timeliness, and performance standards identified in this NOFA or they will be rejected from consideration for funding. See below for pass/fail elements as will be used for assessment that HUD will use to assess each Project during this competition.

(1) When considering renewal projects for award, HUD will review information in LOCCS; Annual Performance Reports (APRs); and information provided from the local HUD CPD Field Office, including monitoring reports and A-133 audit reports as applicable, and performance standards on prior grants, and will assess projects using the following criteria:

(Note: For Howard County review process, the “in process” selection will be added to indicate the project is working towards meeting the standard)

- (a) Whether the project applicant’s performance met the plans and goals established in the initial application as amended; Pass or Fail or In Process;
 - (b) Whether the project applicant demonstrated all timeliness standards for grants being renewed, including that standards for the expenditure of grant funds have been met; Pass or Fail or In Process;
 - (c) The project applicant’s performance in assisting program participants to achieve and maintain independent living and record of success, except HMIS-dedicated projects are not required to meet this standard; Pass or Fail or In Process;
 - (d) Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site. Pass or Fail or In Process;
- (2) HUD reserves the right to reduce or reject a funding request from the project applicant for the following reasons:**
- (a) Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon; Pass or Fail or In Process;
 - (b) Audit finding(s) for which a response is overdue or unsatisfactory; Pass or Fail or In Process;
 - (c) History of inadequate financial management accounting practices; Pass or Fail or In Process;
 - (d) Evidence of untimely expenditures on prior award; Pass or Fail or In Process;
 - (e) History of other major capacity issues that have significantly affected the operation of the project and its performance; Pass or Fail or In Process;
 - (f) History of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly; Pass or Fail or In Process; and
 - (g) History of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes. Pass or Fail or In Process.

Howard County Continuum of Care Policies & Procedures

Communication

Methods of sharing information to Steering Committee members (and any interested persons/agencies) between meetings will include:

1. Information sent out via email lists
2. Information added to the CoC website, including:
 - a) Information on the work of the Continuum including project ranking for annual competitions
 - b) Plans and implementation
 - c) Data
 - d) Funding availability

CoC Application Process

General Procedure

HUD CoC funds are granted based on a national competition following annual Notice of Funding Availability (NOFA) releases. The Howard County CoC (DCRS Lead Agency) coordinates the process upon receipt of the federal NOFA. Information regarding the NOFA and the community's process and requirements are disseminated to all interested parties (all homeless services and housing providers in the CoC) via the following open solicitation methods:

- Letters/emails
- Responses to public inquiries
- Announcements at meetings
- Posted on the DCRS Lead Agency website

Procedures for Application Submissions

Proposals must be submitted to the DCRS Lead Agency by the designated method, noted in the solicitation, by established due date. Proposals will always be due by 5:00 pm on the due date. Specifics regarding due dates, submission requirements, and other requirements will be posted on DCRS Lead Agency website, <https://www.howardcountymd.gov/Departments/Community-Resources-and-Services/Office-of-Community-Partnerships/Continuum-of-Care-COC>.

Threshold Criteria and Project Requirements

Projects must pass a threshold requirement review before being submitted to the ERA Committee. Late or incomplete applications will not pass threshold requirements for reviewing and ranking by the ERA Committee. These threshold requirements are:

- Project Applicant
 - Must be eligible to apply for CoC funding: Nonprofit organizations, State, or local government
 - Must not require participation in religious services for CoC-funded programs
 - Must be an eligible contractor for federal funds per <https://www.sam.gov/>
 - Must have a current tax exempt status as verified by the IRS
 - Must not owe any overdue tax debts, as documented on IRS 990 submissions to the IRS
 - Must have financial and management capacity to carry out the project(s)
 - Must provide evidence of a homeless or formerly homeless person is on the Board of Directors or in a role in the policy-making process within the Agency

Howard County Continuum of Care Policies & Procedures

- Must be able to evidence Agency policies and procedures for the administration for CoC funds
 - Must participate in Homeless Management Information Systems (HMIS)
 - Must administer programs or activities in the most integrated setting appropriate to the needs of homeless persons with disabilities
 - Must identify matching funds in the Budget and Budget Narrative
 - Must not discriminate against households with a registered sex offender and/or person with a criminal record, including a violent crime, for acceptance into the program even if a child is in the household. It is a CoC goal to eliminate as many barriers for the “hardest-to-house” populations.
 - Must provide all required information listed in Required Attachments and be capable of fulfilling all required Work Effort.
- Eligible Project & Activity Type
 - Completeness of the application

Project Review and Ranking

HUD requires all Continuum of Care (CoC) have an evaluation process for ranking all renewal and new projects. In each competition, HUD will state the percentage of renewal amounts that are required to be in either Tier 1 or Tier 2. The Performance Score Card and Assessment (described below) will be used to determine where projects will rank in the Tiers. The ERA will complete all project review and ranking.

Performance Score Card & Assessment

The Performance Score Card (Score Card) is a scoring-based tool based on the Annual Performance Report (APR) that is required annually to HUD. The Score Card reviews project-specific and CoC-wide outcomes, and are directly related to the federal goals to reduce length of homelessness, reduce returns to homelessness and increasing household income. Additional System Performance Measure may be included in future assessments, as HUD releases updates. The Assessment of each project will include:

1. Whether projects operate as “Housing First”
2. Projects with performance outcomes from Annual Performance Reports/HMIS
 - Length of stay
 - % permanent housing exit destinations
 - % increases in income
3. Project Monitoring Criteria/Summaries
 - Participant Eligibility
 - Utilization rates
 - Drawdown rates
 - Frequency or Amount of Funds Recaptured by HUD
4. Project Meeting a need for specialized population services
 - Youth
 - Victims of Domestic Violence
 - Families with Children
 - Persons Experiencing Chronic Homelessness
 - Veterans
 - Persons with Disabilities, including children

Howard County Continuum of Care Policies & Procedures

Project Reallocation

The DCRS Lead Agency must ensure projects submitted in the CoC Consolidated Application best align with HUD priorities and contribute to a competitive application that secures these dollars in our community. The DCRS Lead Agency will review reallocation options and will consider reallocation if necessary. Reallocation should occur, if one or more of the following is true:

- The results of the Score Card and Assessment show the Project is under, non-performing or is not cost-effective; or
- If current project cannot demonstrate sufficient capacity to successfully carry out the project, or is unable to be compliant with the its goals; or
- If the current NOFA indicates/recommends reallocation for a component or activity; and
- A sufficient plan is in place to secure and maintain permanent housing for current project participants if any projects are reallocated.

If one or more of the above criteria for reallocation is met, a Reallocation Plan will be created to develop the best program to meet the needs of the community. All reallocation decisions to decrease funding, defund or create new projects will be compared to performance criteria and funding priorities to determine the extent to which each project is aligned to achieve such outcomes. Final decisions will be made by the ERA.

Reallocating to New Projects

The DCRS Lead Agency will release new project applications/opportunities for any funds available as a result of reallocation and BONUS grants. This ERA review process will follow the same steps as renewal projects. The DCRS Lead Agency will notify applicants if their project was rejected or accepted prior to the NOFA determined deadline, as recommended by the ERA. All final rules for reallocation will be defined by HUD in the (Notice of Funding Availability) for the CoC Program Competition. Please note the DCRS Lead Agency may need to revise the requirements described and/or request additional information after the NOFA is released.

Using All Available Funds

The ERA and DCRS Lead Agency will do everything possible to ensure that all funds available to the community are applied for. When all applications have been submitted and it is found that the community is not requesting as much money as is available from HUD or no BONUS projects have been submitted, then:

- The CoC staff will email all CoC and other interested parties (all homeless service and housing providers in the CoC) with specifics regarding, how much money is available for what type of programs
- Applications deadlines for these funds will be set after the notice is distributed.

HUD Reporting Requirements

Annual Performance Reports

Annual Performance Reports (APRs), formerly called Annual Progress Reports, are required by HUD on an annual basis to track the progress and accomplishments of HUD's CoC Programs. The APR gathers information on how programs assist homeless persons to obtain and/or remain in permanent housing, increase skills and income, and obtain greater self-determination. This information is used by HUD and Congress to assess outcomes from federal funding.

Howard County Government

Continuum of Care Policies & Procedures

Effective October 2016

Howard County Continuum of Care Policies & Procedures

Table of Contents

INTRODUCTION TO THE CONTINUUM OF CARE (COC)	2
GOVERNANCE OF THE COC	3
CoC Application Process	8
HUD Reporting Requirements	10
Administration Requirements	21
CONTINUUM OF CARE PROJECTS	23
Participant Eligibility & Documentation	24
Participants & Housing	44
Monitoring Policy & Procedures	51
Homeless Management Information Systems (HMIS) Policies & Procedures (separate document)	56
Coordinated System of Homeless Services (Coordinated Assessment System) Policies & Procedures (separate document)	56
APPENDICES	57
APPENDIX A – CONTINUUM OF CARE, BOARD TO PROMOTE SELF-SUFFICIENCY– HOWARD COUNTY CODE	58
APPENDIX B – CONTINUUM OF CARE (BOARD TO PROMOTE SELF-SUFFICIENCY) OPERATING PROCEDURE	59
APPENDIX C – LOCAL COC MONITORING TOOLS	60
APPENDIX D – EVALUATION AND RESOURCE ALLOCATION (ERA) COMMITTEE CONFIDENTIALITY AGREEMENT	70
APPENDIX E – SCORE CARDS AND ASSESSMENT TOOL	71
APPENDIX F – LEAD FORMS AND WORKSHEETS	78
APPENDIX G – PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME PAMPHLET	86

Howard County Continuum of Care Policies & Procedures

INTRODUCTION TO THE CONTINUUM OF CARE (COC)

In 1987, the McKinney Act was signed into federal legislation. This Act provided a definition of homelessness and grant funding administered by United States Department of Housing and Urban Development (HUD) to address the needs of the homeless. The McKinney-Vento Act originally consisted of fifteen programs providing a range of services for homeless people, including emergency shelter, transitional housing, job training, primary health care, education, and some permanent housing. The McKinney Act has been amended many times, but continues to provide funding for eligible homeless services across the country.

In 1995, HUD began requiring communities to submit one application for McKinney-Vento Homeless Assistance Grants. This streamlined the application process, and encouraged the coordination of housing and support services for agencies providing direct homeless services, and placed emphasis on the development of local CoCs. The Continuum of Care (CoC) is defined as *“the local planning body that coordinates housing and support services funding for homeless families and individuals.”*

In 2009, President Obama introduced the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. This Act amended and reauthorized the McKinney-Vento Homelessness Assistance Act with substantial changes. In August 2012, HUD issued the Interim Rule which provided regulations for how the HEARTH Act of 2009 would be managed and administered.

The new *Purpose and Activities* of the CoC under the Interim Rule are to:

- Promote community-wide goals to end homelessness;
- Provide funding to quickly rehouse homeless persons;
- Promote access to mainstream resources; and
- Improve self-sufficiency among people experiencing homelessness.

A few *Key Changes* under the Interim Rule included:

- Regulations on the streamlining of three programs (Supportive Housing Program, Shelter Plus Care, and Moderate Rehabilitation/Single Room Occupancy) into one program, the CoC Program;
- Renaming the Emergency Shelter Grant to the Emergency Solutions Grant and broadening existing emergency shelter and homelessness prevention activities to add rapid rehousing activities;
- Guidance for the change of the definition of homelessness and chronic homelessness; and
- Codifying the CoC Planning Process to emphasize coordination of activities in response to needs of the homeless.

New Program Components of the CoC Program under the Interim Rule are:

1. Permanent Housing
 - a. Permanent Supportive Housing
 - b. Rapid Rehousing
2. Transitional Housing
3. Support Services Only (SSO)
4. Homeless Management and Information System (HMIS)
5. Homelessness Prevention

Howard County Continuum of Care Policies & Procedures

The CoC's Primary Responsibilities under Interim Rule:

1. Operating the CoC

- Conduct semi-annual meetings of the full membership
- Issue a public invitation for new members, at least annually
- Adopt and follow a written process to select a board
- Appoint additional committees, subcommittees, or work groups
- Develop and follow a governance charter detailing the responsibilities of all parties
- Consult with Recipients and Subrecipients to establish performance targets appropriate for population and program type, monitor the performance of Recipients and Subrecipients, evaluate outcomes, and take action against poor performers
- Evaluate and report to HUD outcomes of ESG and CoC projects
- Establish and operate a centralized or coordinated assessment system
- Establish and follow written standards for providing CoC assistance

2. Designating and Operating an HMIS

- Designate a single HMIS
- Select an eligible applicant to manage the CoC's HMIS
- Monitor Recipient and Subrecipient participation in the HMIS
- Review and approve privacy, security, and data quality plans

3. CoC Planning

- Coordinate the implementation of a housing and service system within its geographic area
- Conduct a Point-in-Time count of homeless persons
- Conduct an annual gaps analysis
- Provide information required to complete the Consolidated Plan
- Consult with ESG Recipients regarding the allocation of ESG funds and the evaluation of the performance of ESG Recipients and Subrecipients

GOVERNANCE OF THE COC

Purpose

The HEARTH Act requires CoCs to have written policies and procedures that govern the provision of assistance to individuals and families under the CoC programs, and the overall administration and operations of the CoC. These policies and procedures provide guidance to local providers and other partners, but this document is not intended to be in lieu of or in place of the Interim Rule for the HEARTH Act. The Purpose of this document is to clarify local decisions and governance.

Geographic Area

The area covered by the Howard County Continuum of Care (CoC) is the geographic boundaries of Howard County Maryland.

Howard County Continuum of Care Policies & Procedures

Board to Promote Self Sufficiency (BPSS)

Howard County Council Bill No. 23-2008 formed the Board to Promote Self Sufficiency in May 2008. The Bill established the Board to Promote Self-Sufficiency, providing for the membership, terms, officers, and staffing of the Board; setting forth the requirements for meetings and voting; authorizing the use of subcommittees and the adoption of certain Operating Procedures; providing for the purpose and responsibilities of the Board; providing the expiration dates of the terms of the initial members of the Board; providing for certain exceptions applicable to the Board; and generally relating to the Board to Promote Self-Sufficiency. The BPSS operates as the Howard County CoC Governance Board. For more information on the BPSS requirements, please see *Appendix A* of this document.

Role of Board

The BPSS oversees the work of its designated Committees, receives reports on a monthly basis from committee Chairs, and reviews initiatives developed by the CoC DCRS Lead Agency. The Evaluation and Resource Allocation (ERA) Committee is designated by the Board to serve the following functions for CoC activities:

1. Analyze data on homelessness from HMIS, PIT, and APRs;
2. Evaluate performance of the CSHS (coordinated assessment system) and individual CoC programs;
3. Rate/rank funding proposals related to homeless services (federal, state & local) based on needs/gaps within the CoC;
4. Rank CoC and ESG project applications;
5. Recommend reallocating project funds as necessary to meet needs of CoC; and
6. Communicate findings and decisions to the CoC Board and the CoC.

DCRS Lead Agency

The Department of Community Resources and Services (DCRS) is the DCRS Lead Agency for both the Howard County CoC and HMIS. DCRS receives CoC funding on behalf of Howard County Government, and works with partner agencies and the Board to further the goals of HUD and meet the needs of the community. As the DCRS Lead Agency, DCRS prepares and submits the CoC Collaborative Application to HUD. DCRS is also a direct Recipient on behalf of Howard County Government with HUD for all CoC Funds, except the Shelter Plus Care (S+C) Project through the Recipient, Howard County Mental Health Authority. The DCRS Lead Agency staffs the Steering Committee on Homeless Services (Steering Committee), a committee of the BPSS. The Steering Committee provides a forum for discussing the Plan to End Homelessness, educating the community on homeless issues, eliciting input on the operations of homeless services and programs, and advocates on federal, state, and county levels regarding issues affecting people who are experiencing homelessness or who are at-risk of homelessness.

Howard County Coordinated System of Homeless Services (CSHS)

CSHS is a network of community services and supports coordinating efforts to end homelessness in Howard County. The goals of the system are to efficiently use community resources to reduce the number of homeless families and individuals, reduce the number of newly homeless, shorten the length of homeless episodes, and reduce the number of returns to homelessness. For full details on the policies and processes that guide the CSHS, please see the *CSHS Policies and Procedures*. The CSHS serves as the CoC's coordinated assessment system, as required per the Interim Rule, at 24 CFR 578. 7(a)(8):

Howard County Continuum of Care Policies & Procedures

Centralized or coordinated assessment system is defined to mean a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. This definition establishes basic minimum requirements for the Continuum's centralized or coordinated assessment system.

Phases

Prevention: Households at-risk of losing their housing may access **prevention services** and if they are found not sustainable, they are referred to the single point of entry.

Single Point of Entry: The Grassroots Crisis Intervention hotline is the **single point of entry** (SPE) for households experiencing a homeless crisis. Households receive a uniform assessment for immediate intervention with the goal of diversion from homelessness. The initial assessment aims to remove the obstacles of homeless households navigating through multiple agencies and their eligibility processes.

Progressive Engagement: Households not diverted and needing further intervention are referred to **progressive engagement** for follow-up and connection to community supports and services.

Intensive Supports: Households still in need of **intensive supports** are assigned to a community agency for shelter placement or case management. CSHS case management is provided by multiple community agencies for further, deeper assessment and access to services and other system resources with the goal of housing stability. Such resources include (but are not limited to) eviction prevention services, re-housing services with housing location assistance, supportive living services for persons with mental health disabilities, and rapid access to inpatient treatment for drug-addicted adults.

Housing Stability: Households that have obtained **stable housing** and have reduced barriers to housing stability are exited from intensive support and from the coordinated system.

Follow Up: The CSHS maintains a **follow up** process to confirm that CSHS resources are leading families and individuals to successful housing stability. Through data collection and analysis, the CSHS ensures efficient service coordination and effective use of resources to meet system goals.

Outreach

Ongoing efforts are made to include essential providers and stakeholders. When a particular gap in membership is identified in the CoC, the DCRS Lead Agency and/or the CSHS Services Coordinator will target missing constituencies, brainstorm agencies and names, and contact people to represent missing constituencies. Outreach is made to ensure participation from the following groups for the CoC:

1. Homeless service providers and agencies
2. Community and faith-based organizations
3. Local government representatives
4. Homeless and formerly homeless people
5. Homeless advocates
6. Public Housing authorities

Howard County Continuum of Care Policies & Procedures

7. Private health care organizations
8. Mental health service providers and funders
9. Substance abuse service providers and funders
10. Local employment agencies
11. Colleges and universities
12. Veteran service agencies
13. Businesses and business associations
14. Key members of local planning groups
15. Employers
16. Political leaders
17. Law enforcement and corrections agencies
18. School districts

Steering Committee on Homeless Services (of the BPSS)

Purpose

The Steering Committee on Homeless Services (Steering Committee) will facilitate actions necessary to accomplish the goals of Howard County's Plan to End Homelessness (PEH).

Responsibilities

The Steering Committee will inform The Department of Community Resources and Services (DCRS), in its role as the CoC DCRS Lead Agency, and will provide periodic updates on the group's activities to the CoC Board (Board to Promote Self-Sufficiency, BPSS).

The Steering Committee will set and revise goals for the PEH and CoC activities, and specifically:

1. Update PEH annually; ensure goals and concepts are reflected in all CoC activities
2. Guide CSHS processes; review System supports, roles, and client flow; examine strengths/weaknesses; and monitor goals (the former CSHS Partners Forum, with expanded role)
3. Research best practices
4. Provide input to the CoC application
5. Convene HMIS subcommittee
6. Perform the annual Point-in-Time survey
7. Convene ad-hoc workgroups as needed
8. Inform and provide recommendations to the ERA Committee of the BPSS on significant activities, needs and gaps related to meeting the goals of the PEH

The Steering Committee will meet every other month; agendas will be provided in advance and meeting minutes will be posted on the website. The Steering Committee will be chaired by a member of the BPSS.

Membership

The Steering Committee is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests. The Steering Committee encourages all members of the community to participate in group discussions and working groups. The Steering Committee works to ensure diverse population input to decision-making, including consumers and community members, as well as gender, ethnic, cultural and geographical representation.

All interested persons are encouraged to attend meetings, provide input, and voice concerns. At a

Howard County Continuum of Care Policies & Procedures

minimum, membership will include all CSHS Partner Agencies and other agencies in Howard County that have a vested interest in ending homelessness. The only prerequisite for membership is the agency must serve Howard County residents. Membership will include, but not be limited to representatives from the following agencies:

1. Bridges to Housing Stability, Inc.
2. Community Action Council of Howard County, Inc.
3. Community Member
4. Consumer
5. Department of Social Services
6. Family and Children Services
7. Grassroots Crisis Intervention Center, Inc.
8. Howard County Department of Corrections
9. Howard County Public School System
10. Howard County Health Department
11. Hope Works of Howard County, Inc.
12. Housing County Housing Commission
13. Howard County Mental Health Authority
14. Humanim, Inc.
15. LARS
16. Makingchange, Inc.
17. Howard County Office of Workforce Development
18. Salvation Army
19. Volunteers of America, Inc.

Each member agency will have one vote but multiple representatives may attend meetings. A BPSS member will chair the Committee, and the CoC Manager of the DCRS Lead Agency will staff the Committee. The HMIS Administrator and CSHS Services Coordinator will be voting members of the Group. Recommendations from the Steering Committee on processes and programmatic changes as related to the goals and activities of the PEH and CoC will be determined by majority vote.

Engagement

Between meetings, the DCRS Lead Agency will keep members involved by the following methods:

1. Maintaining a directory of Steering Committee members
2. Establishing working groups to move the work of the CoC and PEH forward between meetings
3. Encouraging partners with similar interests to combine efforts, either by sharing information/best practices or working on strategies to collaborate and support efforts
4. Sharing information regularly to maintain a focus on homelessness in general and the Continuum in particular

Howard County Continuum of Care Policies & Procedures

Communication

Methods of sharing information to Steering Committee members (and any interested persons/agencies) between meetings will include:

1. Information sent out via email lists
2. Information added to the CoC website, including:
 - a) Information on the work of the Continuum including project ranking for annual competitions
 - b) Plans and implementation
 - c) Data
 - d) Funding availability

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 - Must be eligible to apply for CoC funding: Nonprofit organizations, State, or local government
 - Must not require participation in religious services for CoC-funded programs
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 - Must have a current tax exempt status as verified by the IRS
 - Must not owe any overdue tax debts, as documented on IRS 990 submissions to the IRS
 - Must have financial and management capacity to carry out the project(s)
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Howard County Continuum of Care Policies & Procedures

- Must be able to evidence Agency policies and procedures for the administration for CoC funds
 - Must participate in Homeless Management Information Systems (HMIS)
 - Must administer programs or activities in the most integrated setting appropriate to the needs of homeless persons with disabilities
 - Must identify matching funds in the Budget and Budget Narrative
 - Must not discriminate against households with a registered sex offender and/or person with a criminal record, including a violent crime, for acceptance into the program even if a child is in the household. It is a CoC goal to eliminate as many barriers for the “hardest-to-house” populations.
 - Must provide all required information listed in Required Attachments and be capable of fulfilling all required Work Effort.
- Eligible Project & Activity Type
 - Completeness of the application

Project Review and Ranking

HUD requires all Continuum of Care (CoC) have an evaluation process for ranking all renewal and new projects. In each competition, HUD will state the percentage of renewal amounts that are required to be in either Tier 1 or Tier 2. The Performance Score Card and Assessment (described below) will be used to determine where projects will rank in the Tiers. The ERA will complete all project review and ranking.

Performance Score Card & Assessment

The Performance Score Card (Score Card) is a scoring-based tool based on the Annual Performance Report (APR) that is required annually to HUD. The Score Card reviews project-specific and CoC-wide outcomes, and are directly related to the federal goals to reduce length of homelessness, reduce returns to homelessness and increasing household income. Additional System Performance Measure may be included in future assessments, as HUD releases updates. The Assessment of each project will include:

1. Whether projects operate as “Housing First”
2. Projects with performance outcomes from Annual Performance Reports/HMIS
 - Length of stay
 - % permanent housing exit destinations
 - % increases in income
3. Project Monitoring Criteria/Summaries
 - Participant Eligibility
 - Utilization rates
 - Drawdown rates
 - Frequency or Amount of Funds Recaptured by HUD
4. Project Meeting a need for specialized population services
 - Youth
 - Victims of Domestic Violence
 - Families with Children
 - Persons Experiencing Chronic Homelessness
 - Veterans
 - Persons with Disabilities, including children

Howard County Continuum of Care Policies & Procedures

Project Reallocation

The DCRS Lead Agency must ensure projects submitted in the CoC Consolidated Application best align with HUD priorities and contribute to a competitive application that secures these dollars in our community. The DCRS Lead Agency will review reallocation options and will consider reallocation if necessary. Reallocation should occur, if one or more of the following is true:

- The results of the Score Card and Assessment show the Project is under, non-performing or is not cost-effective; or
- If current project cannot demonstrate sufficient capacity to successfully carry out the project, or is unable to be compliant with the its goals; or
- If the current NOFA indicates/recommends reallocation for a component or activity; and
- A sufficient plan is in place to secure and maintain permanent housing for current project participants if any projects are reallocated.

If one or more of the above criteria for reallocation is met, a Reallocation Plan will be created to develop the best program to meet the needs of the community. All reallocation decisions to decrease funding, defund or create new projects will be compared to performance criteria and funding priorities to determine the extent to which each project is aligned to achieve such outcomes. Final decisions will be made by the ERA.

Reallocating to New Projects

The DCRS Lead Agency will release new project applications/opportunities for any funds available as a result of reallocation and BONUS grants. This ERA review process will follow the same steps as renewal projects. The DCRS Lead Agency will notify applicants if their project was rejected or accepted prior to the NOFA determined deadline, as recommended by the ERA. All final rules for reallocation will be defined by HUD in the (Notice of Funding Availability) for the CoC Program Competition. Please note the DCRS Lead Agency may need to revise the requirements described and/or request additional information after the NOFA is released.

Using All Available Funds

The ERA and DCRS Lead Agency will do everything possible to ensure that all funds available to the community are applied for. When all applications have been submitted and it is found that the community is not requesting as much money as is available from HUD or no BONUS projects have been submitted, then:

- The CoC staff will email all CoC and other interested parties (all homeless service and housing providers in the CoC) with specifics regarding, how much money is available for what type of programs
- Applications deadlines for these funds will be set after the notice is distributed.

HUD Reporting Requirements

Annual Performance Reports

Annual Performance Reports (APRs), formerly called Annual Progress Reports, are required by HUD on an annual basis to track the progress and accomplishments of HUD's CoC Programs. The APR gathers information on how programs assist homeless persons to obtain and/or remain in permanent housing, increase skills and income, and obtain greater self-determination. This information is used by HUD and Congress to assess outcomes from federal funding.

Howard County Continuum of Care Policies & Procedures

The APR is also used by the Howard County CoC as a planning tool to analyze demographics and needs, to evaluate outcomes, inform make improvements, and to assist in setting annual goals. The Howard County CoC Programs also report on the household's self-sufficiency outcomes matrix (SSOM) in the APR. In general:

- Recipients and Subrecipients receiving HUD Continuum of Care Homeless Assistance funding must report their annual progress to HUD through an Annual Performance Report (APR) submitted for each year in which HUD funding is provided
- A separate APR must be submitted for each HUD grant received
- If a project extension is received for a partial year, then an APR must be submitted for the operating year and another APR submitted for the extension period
- Information must be collected and maintained on each participant in each HUD-funded project for each the APR
 - Standard client data collection tools should be used to collect the information for the APR; in Howard County all APR data must be generated from ServicePoint from the HMIS Administrator.
 - All staff providing services to clients will be trained in how to accurately use the data collection forms
 - All data must be entered into ServicePoint and be accurate, in line with the HMIS Policies and Procedures.
- Recipients and Subrecipients must respond to all questions in the APR.
- All persons entering APR data should review APR instructions issued by HUD for guidance before completing the APR for that designated program year.
- The CoC DCRS Lead Agency is responsible for certifying (submitting) the final version of each APR for each project in the Continuum.

Information collected in the APR includes:

- General project information, including the dates of the operating year and the program type and component
- Client information, including household type, demographic and special needs information, prior living situation, income, length of stay in the project, supportive services received while in the project, reason for leaving the project and destination upon leaving the project
- Progress in achieving program goals
- Financial information, including match and project expenditures for the program year
- Recipients and Subrecipients must track and keep records documenting the match received and utilized
- A Cash Match Documentation file should be kept for each project, including cash expended, matching funds committed in the original project application submission and actual match amounts received

The APR must be submitted within 45 days to the DCRS Lead Agency after the end of the program year, for submission to HUD within 90 days after the end of each program year. The due date for the APR should be part of both the Recipient and Subrecipient's master calendar for tracking grant compliance activities. The DCRS Lead Agency will have each Recipient or Subrecipient generate APR reports in HMIS and then forward to the DCRS Lead Agency designee for review and certification prior to the DCRS Lead Agency submits. The Howard County CoC uses the data collected in the APRs to evaluate and improve the project, for needs assessment, trend analysis and future planning.

Howard County Continuum of Care Policies & Procedures

Annual Homeless Assessment Report (AHAR)

The Annual Homeless Assessment Report (AHAR) is a report by HUD to the U.S. Congress on the extent and nature of homelessness in America. It is based on data from Homeless Management Information Systems and on information from Continuum of Care (CoC) Exhibit 1s. The AHAR provides estimates of the number of homeless persons nationally, a descriptive profile of homeless persons, and an analysis of service use patterns. For CoC's gathering and submitting this data to HUD, the local AHAR report provides useful information on homelessness and service needs at the local level. The CoC DCRS Lead Agency is also the DCRS Lead Agency for HMIS. The DCRS Lead Agency is responsible for completing the local AHAR. Client level data for the AHAR will be collected through the Homeless Management Information System (HMIS) based on HUD's universal data elements which all communities receiving HUD Homeless Assistance funding are required to collect and maintain and which are the same data elements used to generate HUD's Annual Performance Reports (APRs).

- Unduplicated data will be collected for the four standard AHAR reporting categories: Emergency Shelter-Individuals, Emergency Shelter-Families, Transitional Housing-Individuals and Transitional Housing-Families. Data will also be collected for any supplemental reporting categories established by HUD.
- In order to participate in the AHAR, the CoC's HMIS must be capable of:
 - Producing a one day point-in-time count, average day count, and longitudinal counts.
 - Identifying clients with multiple program use—e.g., how many people in ES-IND were also served in TH-IND.
 - Counting persons by household type—e.g., individual adult male, adult in household with children, or unaccompanied youth.
 - Generating frequencies by basic demographic characteristics.
 - Cross-tabulating total length of stays within each program-household type, by gender and age.
 - Totaling the number of households with children by program type.

All agencies receiving HEARTH funding will submit on monthly basis information to the HMIS on each client served, including data needed for the AHAR report. The Howard County CoC has established continuum-wide data quality control procedures to ensure the accuracy and completeness of AHAR data collected and reported. These procedures address data collection as well as running of reports, data review, and obtaining feedback on the data. The AHAR data review will address at a minimum the following three areas. In areas where problems are identified, concrete steps to address the problem will be identified and carried out.

- HMIS bed coverage (total # of beds in HMIS divided by # of beds in the CoC) must be at least 50% in one or more of the reporting categories. If bed coverage is lower, the CoC will work to increase provider participation.
- Bed utilization data (# of people served on a given night divided by the # of available beds that same night) must be based on accurate entry and exit dates for clients. For utilization rates below 60% or above 105%, the CoC will contact the provider and review raw data.
- Data completeness as evidenced by a low rate of missing data across all questions. If the percentage of missing data is high, the CoC will contact providers to identify and address problems.

Howard County Continuum of Care Policies & Procedures

The AHAR data will also be reviewed to identify:

- CoC, program or user level problems
- Client level problems records
- Anomalies between data collected between similar programs
- Anomalies between data collected in recent period vs. previous ones
- Other discrepancies

The CoC will work with participating providers regarding the AHAR data collected to confirm accuracy of information collected. The CoC will provide quarterly HMIS trainings on data collection and quality for front-line staff who are engaged in data entry activities. On an annual basis (according to HUD's designated data collection schedule), the CoC will de-duplicate and aggregate the client information collected to produce and submit a local AHAR data report using a standardized template.

- The AHAR data collection period is October 1st to September 30th of each year.
- The CoC will submit the aggregated local AHAR report electronically through the AHAR Exchange to the HUD-designated private research firm, responsible for compiling the national AHAR.
- A draft AHAR report will be submitted by the HUD-designated date.
- The CoC will work with the AHAR Research team to correct any data problems, and submit a final AHAR report by the HUD-designated date.

Homeless and Housing Reporting

Annually, the Howard County CoC reviews the housing and services available to people experiencing homelessness within the community. The methods to undertake this review include:

- Homeless Counts
- Housing Inventory
- Services Inventory

The Howard County CoC DCRS Lead Agency determines how to conduct the counts and inventories, while realizing that these activities are required by HUD, and must follow minimum requirements issued by HUD. HUD's recommendations for conducting homeless counts and housing/services inventories are described below, and will serve as a guide for the Howard County CoC.

Homeless Counts

The Continuum of Care Application for McKinney-Vento homeless assistance funding requires CoCs to produce *“statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time.”* CoCs are also asked to report the number of homeless persons in subpopulation categories:

- Chronically homeless
- Severely mentally ill
- Chronic substance abusers
- Veterans
- Persons with HIV/AIDS
- Victims of domestic violence
- Unaccompanied youth (ages 18 to 24)

Howard County Continuum of Care Policies & Procedures

HUD encourages CoCs to base population and subpopulation estimates on local data stored in Homeless Management Information Systems (HMIS) and/or collected through shelter and street counts. Aside from the HUD mandate to collect this information, there are many reasons why the CoC chooses to collect accurate, reliable data on our local homeless populations:

- To identify community-specific service needs and gaps
- To further understand the causes of homelessness and design more effective responses
- To use in planning and program development
- To raise public awareness of the challenges facing people experiencing homelessness
- To accurately measure and identify the needs of populations that are the hardest to serve

The Howard CoC coordinates a Point-in-Time (PIT) count of sheltered and unsheltered homeless people in the last ten days of January (between January 22 and 31) annually.

Sheltered Homeless Count

The sheltered count is an inventory of people accessing shelter on the date chosen for that year's Point in Time. It will include homeless people who are spending the night in:

- Emergency shelters
- Cold weather shelters
- Domestic violence shelters
- Residential programs for runaway/ homeless youth
- Transitional housing
- Hotel/motel/apartment voucher arrangements paid by a public/private agency because the person or family is homeless, and
- Permanent supportive housing for homeless persons. (Information on persons living in permanent supportive housing units will be used to determine the capacity rate of those programs; they will not be included in the total homeless count number.)

The following information will be collected in the Sheltered Count:

- Number of households with dependent children (couples or single parents/guardians with children)
- Number of persons in households with dependent children (adults and children)
- Number of households without dependent children (households composed of individuals including unaccompanied youth, couples, and other adult-only households)
- Number of persons in households without dependent children (adults and unaccompanied youth)

The following populations will not be included in the Shelter Count reported to HUD:

- Persons who are living doubled up in conventional housing
- Formerly homeless persons who are residing in Section 8 SRO, Shelter Plus Care, SHP permanent housing or other permanent housing units funded through the CoC or other sources
- Children or youth, who because of their own or a parent's homelessness or abandonment, now reside temporarily and for a short anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like
- Adults living in mental health facilities, chemical dependency facilities, or criminal justice facilities

To collect Sheltered Count data, the CoC will extract the data from HMIS.

Howard County Continuum of Care Policies & Procedures

Unsheltered Homeless Count

The Unsheltered Count is an inventory of people experiencing homelessness who are residing in a place not meant for human habitation, including streets, parks, alleys, parking ramps, parts of the highway system, transportation depots and other parts of transportation systems (e.g. tunnels, railroad cars, under bridges), all-night commercial establishments (e.g. movie theaters, laundromats, restaurants), abandoned buildings, building roofs or stairwells, chicken coops and other farm outbuildings, caves, campgrounds, vehicles, and other similar places.

The following information will be collected in the unsheltered count:

- Number of households with dependent children (couples or single parents/guardians with children)
- Number of persons in households with dependent children (adults and children)
- Number of households without dependent children (households composed of individuals including unaccompanied youth, couples, and other adult-only households)
- Number of persons in households without dependent children (adults and unaccompanied youth)

To collect Unsheltered Homeless Count data, the CoC combines the following methods:

- Conduct a public places count (a PIT count based on observation of unsheltered persons without interviews)
- Conduct a public places count with interviews (a PIT count combined with either interviewing all unsheltered homeless persons encountered during the public places count or a sample of these individuals)
- Conduct a service-based count (interview people using non-shelter services, such as food pantries and drop-in centers, screen for homelessness, and count those that self-identify as unsheltered homeless persons; in order to obtain an unduplicated count, every person interviewed must be asked where they were sleeping on the night of the PIT count)
- Extract data from HMIS (use HMIS to collect, analyze or report data on unsheltered persons)

To ensure reliable data from the Unsheltered Count, the CoC will:

- Conduct trainings for PIT enumerators
- Use HMIS to check for duplicate entries or for some other purpose
- Use strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count

Subpopulations

The CoC will also coordinate a count of persons who fall into certain subpopulations, using data from a PIT count conducted during the last ten days of January (between January 22nd and 31st) annually. Data collected for the subpopulation analysis includes:

- Chronic homeless status (length and number of episodes)
 - Length of time the person has been homeless this time
 - How many times the person has been homeless in the past 3 years
- Whether the person has a disability
 - Disability status by category
 - Severe mental illness
 - Chronic substance abuse
 - HIV/AIDS

Howard County Continuum of Care Policies & Procedures

- Victim of domestic violence
- Veterans
- Unaccompanied youth (under 18, and 18-24)

To collect subpopulation data, the CoC will:

- Extract the data from HMIS OR
- Conduct interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth, extrapolating the results to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons OR
- Conduct interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the PIT count OR
- Ask providers to use individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the PIT count

If the CoC does not collect this information from HMIS, the CoC will:

- Provide written instructions to providers to explain the protocol to complete subpopulations count
- Train providers on the protocol and data collection forms to complete the subpopulations count
- Remind all agencies of the scheduled count and follow-up with providers to ensure the maximum possible response rate from all programs

Housing Inventory

Every year the CoC will collect data to complete a *Housing Inventory*. The date of the housing inventory will be the same date as the PIT sheltered and unsheltered count. The housing inventory must be conducted every year and will occur in the last ten days in January.

For each program that houses persons experiencing homelessness, the CoC will collect data on:

- The number of beds and units currently serving individuals and families
- The number of beds and units created in the past year (“new inventory”)
- The number of beds and units that are fully funded but not yet serving homeless people (“under development”)

Housing Inventory data must be obtained from all emergency shelters, transitional housing, and permanent supportive housing programs in the CoC, including those programs that do not receive HUD funding, but who serve homeless populations. Data collected from permanent supportive housing programs will be focused only on the beds and units that are dedicated to housing persons who are formerly homeless. The number of vacant emergency shelter, transitional housing, and permanent supportive housing units must also be collected for the unmet need determination.

To collect *Housing Inventory* data, the CoC DCRS Lead Agency will annually:

- Use HMIS data to complete the Housing Inventory Chart
- Conduct a housing inventory survey (via mail, fax, e-mail, web-based, phone or on-site) of homeless providers, which will include the previous year’s Housing Inventory Chart and instruct providers to review and update housing inventory information on the specified night of the housing inventory

Howard County Continuum of Care Policies & Procedures

If the CoC DCRS Lead Agency decides to collect *Housing Inventory* information via a survey, the CoC DCRS Lead Agency will:

- Provide written instructions to all homeless providers on how to report an accurate bed inventory
- Train provider-level staff on how to obtain an accurate bed inventory
- Follow-up with providers (via telephone, email, or in-person) to ensure the maximum possible response rate and accuracy of the housing inventory information
- After receiving the inventory information, confirm the information with each provider to verify the accuracy of the data

Services Inventory

The CoC DCRS Lead Agency will collect information on the services available to homeless people by asking homeless service providers. When possible, the each provider will review a chart listing services and corresponding agencies that provide the services and providers will update. This service inventory will include:

- Outreach
 - Street Outreach
 - Mobile Clinic
 - Law Enforcement
- Prevention activities
 - Rental Assistance
 - Arrears
 - First Month's Rent
 - Housing Stabilization Services
 - Rental application fees
 - Security deposits equal to no more than two months' rent
 - First and Last Month's rent
 - Utility deposits
 - Utility payments
 - Moving Costs
 - Housing Search and Placement assistance and relocation
 - Case Management
 - Mediation Activities
 - Legal Services
 - Credit repair/Counseling Services
- Rapid Rehousing
 - Rental Assistance
 - Housing Stabilization Services
- Supportive Services
 - Assistance with moving costs
 - Case management
 - Child care
 - Education services
 - Employment assistance and job training
 - Food
 - Housing search and counseling services
 - Legal services

Howard County Continuum of Care Policies & Procedures

- Life skills training
- Mental health services
- Outpatient health services
- Outreach services
- Substance abuse treatment services
- Transportation
- Utility deposits

Determining Housing Needs

Annually, the CoC DCRS Lead Agency will review the data collected as a result of the homeless counts and housing/services inventories, and determine what housing and services are needed given the homeless populations. The methods to undertake this review include:

- Determining Housing Needs
- Calculating Unmet Needs

There are many methods available to conduct these reviews. The DCRS Lead Agency will determine how it will conduct these reviews guided by HUD's recommendations. This information is necessary for the long-term program and strategic planning done as a community. This includes meeting the need of families and individuals for:

- Emergency Shelter beds,
- Transitional Housing units, and
- Permanent Supportive Housing units.

HUD's standardized methodology for calculating the Unmet Need uses PIT data and local provider expertise to calculate an initial estimate of Unmet Need. Housing Unmet Need for the homeless reflects the difference between the existing bed and unit capacity and the number of homeless persons and households in the CoC at one point in time. The information for the Unmet Need calculation is collected with the PIT count and housing inventory process, except when regarding the housing needs of those experiencing homelessness. To determine the housing needs of homeless persons who are residing in emergency shelter, transitional housing, and persons who are unsheltered, the CoC will gather the informed perspective of all of the homeless assistance providers in the Continuum that work with the persons experiencing homelessness. This review will be comprehensive and thorough for each person and household counted during the PIT.

Unsheltered Homeless

The CoC DCRS Lead Agency will obtain the housing needs of *unsheltered homeless* persons by convening a group of agency partners to discuss and arrive at a consensus on the number of persons in need of each type of housing, based on the point in time surveys/results and subpopulations identified. ServicePoint users with confidentiality agreements will be requested to be a part of this work group to protect the confidentiality of households' sensitive information which will be used to determine the best type of housing needed to end their homelessness.

Howard County Continuum of Care Policies & Procedures

Sheltered Homeless

The CoC DCRS Lead Agency will assess the housing needs of *sheltered homeless* persons by asking each emergency shelter and transitional housing provider listed in the Housing Inventory Charts to report the number of their clients that need emergency shelter, transitional housing, and permanent housing to ultimately resolve their homeless situation.

Determination

When determining housing needs, the CoC DCRS Lead Agency and the convened groups will remember that:

- Each person or family should be placed in the one program type that will best assist the household in ending their homelessness; this will require the convened group to be precise when considering the type of housing needed to end the household's homelessness.
- Calculations for each program type (emergency shelter, transitional housing, or permanent supportive housing, etc.) will be done separately for unaccompanied individuals and persons in families with children; this is necessary to accurately reflect the bed capacity needs for each group.

Calculating Unmet Need

The CoC DCRS Lead Agency will use the following standardized formulas for calculating Unmet Need by program type (emergency shelter, transitional housing, and permanent supportive housing):

- Unmet need for Emergency Shelter (ES) = The number of unsheltered homeless persons who need ES + The number of persons currently in ES who will only need ES – (Total number of ES beds + ES beds under development)
- Unmet need for Transitional Housing (TH) = (The number of unsheltered homeless persons who need TH + the number of persons in ES who need TH + the number of persons in TH who will only need TH) - (Total number of TH beds + TH beds under development)
- Unmet need for Permanent Supportive Housing (PSH) = (The number of unsheltered homeless persons who need PSH + the number of persons in ES who need PSH + the number of persons in TH who need PSH) - (Total number of vacant PSH beds + PSH beds under development)

Process for Determining CoC Priorities

Determining gaps and their relative priority are fundamental steps in the Howard County CoC planning process, which will serve as a guide for the annual Plan to End Homelessness goal setting. Decisions regarding the priority of identified gaps will be the basis for strategizing how to secure new resources or expand existing ones to best end and prevent homelessness in our community. All CoC members will be invited to be involved in the decision-making to determine and prioritize gaps. To determine and prioritize identified gaps, the CoC DCRS Lead Agency will hold an annual “*Prioritizing Howard County's Unmet Needs*” session.

- CoC and non-CoC members will be invited to participate
- Homeless count (PIT), housing (HIC) and service inventories, and Unmet Need data will be presented
- Howard County CoC members will consider and discuss several criteria when prioritizing gaps, including:
 - Relative need among sub-populations
 - Vulnerability of sub-populations (due to age, diagnosis, veteran)
 - Groups not yet served versus those with some housing resources in place
 - Whether a certain need is growing and if so, how rapidly
 - Users of high-end services (e.g., hospitalization, detoxification)

Howard County Continuum of Care Policies & Procedures

- Gaps in each major housing type, and if so, which ones
- Whether there are sufficient services to serve persons already in emergency shelter, transitional housing programs, or permanent housing
- What services are missing to help people obtain and/or maintain permanent housing or permanent supportive housing
- What services are essential to certain subgroups, and if they are missing
- Are there major gaps in the homeless system or missing linkages among components of the system (e.g., outreach, intake, referral, assessment)
- After discussion, a list of housing, service and system gaps will be created

Grievance Policy and Procedure for Written and Verbal Complaints

Policy Statement

It is the policy of the Howard County CoC to provide its members with a fair and efficient process to present and resolve complaints and grievances. In the case of complaints about CoC-funded programs, the CoC DCRS Lead Agency will provide oversight; however, each HUD-funded organization shall have a grievance procedure and shall implement the procedure when applicable, and must incorporate the minimum steps, as listed here, regarding any complaints or grievances.

Written Complaints about the CoC

Any written complaint against the CoC will be reviewed by the ERA Committee within ten days of its receipt. The Chair will respond within 30 days by:

- Assisting the complainant in articulating /identifying issues, if needed
- Determining what action needs to be taken, if any
- Responding in writing to complainant with clear identification of issue and specifics about its resolution

Complaints about a Program Receiving CoC and ESG Funds

- A first-person written and/or documented complaint will be considered a **grievance**.
- A verbal, second-hand or hearsay complaint will be considered a **complaint**.
- The person making the grievance or complaint will be asked if they have adhered to grievance procedures provided by the program organization they are making a grievance or complaint about. If the person making the grievance or complaint has not gone through the grievance procedure provided by the organization, the DCRS Lead Agency will recommend that the person do so and document that recommendation.
- If the resolution provided by that organization was not satisfactory to the complainant, he/she may put the problem in writing and submit it to the DCRS Lead Agency. If the complainant does not want his/her name attached to the complaint, his/her anonymity will be protected. If the complainant is unwilling to put the concern in writing, the DCRS Lead Agency will document what has been said.
- Each situation will be treated seriously and with sensitivity, and will be documented for the record with date, time, program name, and nature of the complaint, as well as with any action taken towards resolution.

Howard County Continuum of Care Policies & Procedures

- Once a complaint or grievance has been submitted, the DCRS Lead Agency will approach the problem program's representative, explain the complaint or grievance, and ask for a response to the charge(s) within ten (10) business days. Responses will be documented. It will be up to the DCRS Lead Agency to decide if the matter needs to be discussed by the ERA. A second complaint or grievance will be handled the same. The complainant may file a written appeal (second complaint) within ten (10) days of the first response; the client's written appeal will be responded to within ten (10) days of its receipt.
- If a program receives a third complaint, the ERA will review the situation and recommend action, including all correspondence and documentation. The Executive Director of the program being reviewed will be asked to respond to the ERA. The third complaint will be handled within the same timeframe as the first and second.
- All complaints or grievances involving **vulnerable adults or children** will be immediately turned over to the appropriate county office.

Note: The DCRS Lead Agency is not party to any agreements between the landlords and participant households. Should a participant household believe they have been discriminated against by their landlord they should contact the Howard County Office of Human Rights immediately.

Administration Requirements

Grant Administration

The CoC Interim Rule refers to OMB Circulars for proper and sound Grant Administration, Agreements, Sub-Agreements, and financial cost principles for all Recipients and Subrecipients. All parts therein must be practiced, maintained and adhered to with regards to any CoC funds.

Specifically, as stated in 24 CFR 578.99 (e), Applicability of OMB Circulars:

"The requirements of 24 CFR part 85 – Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Federally Recognized Indian Tribal Governments and 2 CFR part 225 – Cost Principles for State, Local and Indian Tribal Governments (OMB Circular A-87) – apply to governmental Recipients and Subrecipients except where inconsistent with the provisions of this part. The requirements of 24 CFR part 84 – Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations; 2 CFR part 230 – Cost Principles for Non-Profit Organizations (OMB Circular A-122); and 2 CFR part 220 - Cost Principles for Education Institutions apply to the nonprofit Recipients and Subrecipients, except where inconsistent with the provisions of the McKinney- Vento Act or this part."

Invoices

- 1) A Recipient or Subrecipient that receives Howard County CoC funds must submit invoices at least once per quarter, after eligible activities commence, in order to allow the Howard County Government (the Grantee) to draw from HUD in accordance with the Timeliness requirements of the Interim Rule.

Howard County Continuum of Care Policies & Procedures

- 2) All invoices will be on a reimbursable basis; evidence funds have been paid is required for reimbursement.
- 3) The Grantee will reimburse the appropriate portion of the funds to a Recipient or Subrecipient no later than 45 days after receiving an approvable request for such distribution.
- 4) It is the Grantee's policy that all invoices need sufficient backup documentation including evidence of paid invoices; evidence activity by funding stream and approved budget line item;
- 5) Other documentation may be requested by the Grantee to confirm payment is eligible against the requested CoC grant line item and eligible costs. All OMB Circular requirements must apply.

Grant Agreement Requirements

Recipients, Subrecipients and any subcontractor(s), as applicable, will be required to sign a grant agreement in which the following minimum requirements are agreed:

- 1) To ensure the operation of the project(s) in accordance with the provisions of the McKinney-Veto Act and all requirements under 24 CFR part 578;
- 2) To monitor and report the progress of the project(s) to the Continuum of Care and HUD;
- 3) To ensure, to the maximum extent practicable, that individuals and families experiencing homelessness are involved, through employment, provision of volunteer services, or otherwise, in constructing, rehabilitating, maintaining, and operating facilities for the project and in providing supportive services for the project;
- 4) To require certification that:
 - a) The confidentiality of records is provided to any individual or family that was provided family violence prevention or treatment services through the project;
 - b) The address or location of any family violence project assisted under this part will not be made public, except with written authorization of the person responsible for the operation of such project;
 - c) Policies and practices are established that are consistent with, and do not restrict, the exercise of rights provided by subtitle B of title VII of the Act and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness;
 - d) In the case of projects that provide housing or services to families, a staff person will be designated to be responsible for ensuring that children being served in the program are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, part C of the Individuals with Disabilities Education Act, and programs authorized under subtitle B of title VII of the Act;
 - e) The funded agency, its officers, and employees are not debarred or suspended from doing business with the Federal Government; and
 - f) Information, such as data and reports, as required by HUD will be submitted; and
 - g) To establish such fiscal control and accounting procedures as may be necessary to assure the proper disbursement of, and accounting for grant funds in order to ensure that all financial transactions are conducted, and records maintained in accordance with generally accepted accounting principles;
 - h) To monitor Subrecipient match and report on match to HUD;
 - i) To take the educational needs of children into account when families are placed in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education;
 - j) To monitor/be monitored at least annually;

Howard County Continuum of Care Policies & Procedures

- k) To use the centralized or coordinated assessment system established by the Continuum of Care as set forth in § 578.7(a)(8); in Howard County, this is the Coordinated System of Homeless Services (CSHS)
 - *A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system, provided that victim service providers in the area use a centralized or coordinated assessment system that meets HUD's minimum requirements and the victim service provider uses that system instead;*
- l) To follow the written standards for providing Continuum of Care assistance developed by the Continuum of Care, including the minimum requirements set forth in § 578.7(a)(9);
- m) Enter into agreements requiring Recipient/Subrecipient/subcontractor to operate the project(s) in accordance with the provisions of this Act and all requirements under 24 CFR part 578; and
- n) To comply with such other terms and conditions as HUD may establish by NOFA.

CONTINUUM OF CARE PROJECTS

The HEARTH Act requires the Howard County CoC to have written policies and procedures that govern the provision of assistance to individuals and families under the CoC programs. These policies and procedures provide guidance to local providers in administering CoC-funded assistance and include eligibility and documentation standards for CoC programs. This policies and procedures document is not intended to be in lieu of or in place of the Interim Rule for the HEARTH Act, but is intended to clarify Howard County local decisions regarding program administration. All HUD funded providers must follow the Interim Rule in its entirety.

- A. Shelter Plus Care Program (S+C) – This program provides rental assistance and support services to homeless persons and to families with a member who has a diagnosed mental illness. The Howard County Mental Health Authority oversees all of the day to day activities of S+C and is a direct Recipient of this funding from HUD. However, the CoC DCRS Lead Agency applies for the funding, under the CoC Main Application.
- B. Permanent Supportive Housing (PSH) – This program provides rental assistance with accompanying supportive services for homeless households, where one family member has a diagnosed disability. The PSH Program provides rental assistance at scattered site locations across Howard County; assistance cannot be used outside of Howard County. Persons who have exited the program are eligible to receive up to six months of supportive services to ensure the household's housing stability. The CoC DCRS Lead Agency is the Direct Recipient of this funding from HUD and applies for this funding annually through HUD's annual competition. The DCRS Lead Agency maintains a Grant Agreement with a Subrecipient agency to operate the program.
- C. Emergency Solutions Grant (ESG) – Emergency Solutions Grant agencies are required to participate in local CoC planning and coordination of services. The Howard County DCRS Lead Agency is the Grantee with the State of Maryland's Department of Housing and Community Development (DHCD), which administers ESG funds to local state jurisdictions. The ESG programs follow the Howard County CoC Policies and Procedures.

Howard County Continuum of Care Policies & Procedures

Participant Eligibility & Documentation

Overview

All clients served through the Howard County CoC must follow the process of ranking by vulnerability, and meet HUD's "Homeless" definition. It is the goal of the Howard County CoC to serve those with the greatest vulnerabilities and barriers to housing. As set forth in the HEARTH Act, there are four categories of eligibility: 1) Literally Homeless, 2) Imminent Risk of Homelessness, 3) Homeless Under Other Federal Statutes, and 4) Fleeing/Attempting to Flee Domestic Violence. The Howard County CoC serves categories 1, 2 and 4 of the "Homeless" definition as described below. Due to the shortage of resources for those priority populations and ongoing demand, the definition of "At-Risk of Homelessness," as defined at 24 CFR 576.2, is not currently eligible for services in Howard County.

Definitions

1) Homeless Definitions. The following are the definitions of homelessness that must be followed when determining a household's eligibility for entrance into the Howard County CoC programs.

i. *Category (1) An individual or family who lacks a fixed, regular, and adequate nighttime residence:*

1. (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
2. (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or
3. (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

ii. *Category (2) An individual or family who will imminently lose their primary nighttime residence, provided:*

1. (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
2. (ii) No subsequent residence has been identified; and
3. (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing; or

iii. *Category (4) Any individual or family who:*

1. (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

Howard County Continuum of Care Policies & Procedures

2. (ii) Has no other residence; and
 3. (iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.
- 2) Chronically Homeless Definition. Chronically homeless means:
- i. A “**homeless individual with a disability**,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 1. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; **and**
 2. Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (i)(1). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
 - ii. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; **or**
 - iii. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.
- 3) Severe Service Needs. For persons identified as having the most *severe service needs*, at least one of the following is true:
- i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or
 - ii. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.
- 4) Developmental Disability Definition. As defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002):
- i. A severe, chronic disability of an individual that
 1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 2. Is manifested before the individual attains age 22;
 3. Is likely to continue indefinitely;
 4. Results in substantial functional limitations in three or more of the following areas of major life activity:
 - a. Self-care;
 - b. Receptive and expressive language;
 - c. Learning;
 - d. Mobility;

Howard County Continuum of Care Policies & Procedures

- e. Self-direction;
 - f. Capacity for independent living;
 - g. Economic self-sufficiency.
- 5. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
- ii. An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (1)(i) through (v) of the definition of developmental disability in this section if the individual, without services and supports, has a high probability of meeting these criteria later in life.

Order of Priority

For the Howard County CoC Programs providing PSH that are dedicated to and prioritizes persons experiencing chronic homelessness, the following order of priority is followed:

- 1) First Priority—Chronically Homeless Individuals and Families **with** the *Longest History of Homelessness and* with the *Most Severe Service Needs*.
 - 1) A chronically homeless individual or head of household as defined in 24 CFR 578.3 (B.2 of this document) for which **both** of the following are true:
 - i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
 - ii. The Howard County CoC's CSHS has identified the chronically homeless individual or head of household, who meets all of the criteria meeting the definition of chronically homeless, of the family as having severe service needs (see Severe Service Needs of this document).
- 2) Second Priority—Chronically Homeless Individuals and Families **with** the *Longest History of Homelessness*.
 - 1) A chronically homeless individual or head of household, as defined in 24 CFR 578.3 (B.2 of this document), for which **both** of the following are true:
 - i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
 - ii. The Howard County CoC's CSHS has not identified the chronically homeless individual or the head of household, who meets all of the criteria listed under First Priority.
- 3) Third Priority—Chronically Homeless Individuals and Families **with** the *Most Severe Service Needs*.
 - 1) A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom **both** of the following are true:

Howard County Continuum of Care Policies & Procedures

- i. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
 - ii. The Howard County CoC's CSHS has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, and the family has Severe Service Needs, see Severe Service Need of this document.
- 4) **Fourth Priority**—All Other Chronically Homeless Individuals and Families.
- 1) A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
 - i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is less than 12 months; and
 - ii. The Howard County CoC's CSHS has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs

Permanent Supportive Housing (PSH) Disability Qualification

The Permanent Supportive Housing for Persons with Disabilities projects only accept homeless persons with a verified disability, and prioritizes units that are not already dedicated to the chronically homeless, to those who are experiencing chronic homelessness, based on the determined Order of Priority. The head of household or a minor may qualify the household for acceptance into the program for the qualifying disability. *Source Documentation of Disability* must be collected at program acceptance, and is not to be recollected at annual recertification.

Source Documentation

All Recipients and Subrecipients must maintain documentation, obtained at intake, to demonstrate the eligibility of households served through CoC programs, and maintain and follow written intake procedures to ensure compliance with the homeless, chronically homeless, Severe Service Needs, and Disability definitions. Lack of third-party documentation (priority source) will not prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being admitted to shelter or receiving services provided by a victim service provider. However, the provider must document in the case file must the due diligence to obtain third party verification.

Order of Priority for Source Documentation:

- 1) Third-party documentation,
 - a. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates on which entries are made.

Howard County Continuum of Care Policies & Procedures

- 2) Intake worker observations, and
- 3) Certification from the person seeking assistance.

Acceptable evidence for homeless status, by Category:

- 1) Category (1). Literally Homeless. If the individual or family qualifies as Literally Homeless because he or she has resided in a place not meant for human habitation, or is residing in an emergency shelter, acceptable source documentation includes:
 - a. Written observation by the outreach worker; or
 - b. Written referral by another housing or service provider; or
 - c. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;
 - d. For individuals exiting an institution—one of the forms of evidence above and:
 1. discharge paperwork or
 2. written/oral referral, or
 3. written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution
- 2) Category 2. Imminent-Risk of Homelessness.
 - a. A court order resulting from an eviction action notifying the individual or family that they must leave; or
 - b. For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay; or
 - c. A documented and verified oral statement; and
 - d. Certification that no subsequent residence has been identified; and
 - e. Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing
- 3) Category 4. Fleeing/ Attempting to Flee Domestic Violence.
 - a. For victim service providers:
 1. An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.
 - b. For non-victim service providers:
 1. Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and
 2. Certification by the individual or head of household that no subsequent residence has been identified; and
 3. Self-certification or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Howard County Continuum of Care Policies & Procedures

Acceptable evidence for Disability:

- 1) Evidence of diagnosis with one or more of the following:
 - a. Substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.
- 2) Evidence must include *one* of the following:
 - a. Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;
 - b. Written verification from the Social Security Administration;
 - c. Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation);
 - d. Intake staff (or referral staff) observation that is confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days of the application for assistance and accompanied with one of the types of evidence above; or
 - e. Other documentation approved by HUD

Acceptable evidence for “Chronic Homeless:”

Evidence that the individual is a “homeless individual with a disability” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) must include:

- 1) **Evidence of homeless status**
 - a. For paragraph (1)(i) of the “Chronically homeless” definition in § 578.3, **evidence** that *the individual lives in a place not meant for human habitation, a safe haven, or an emergency shelter*:
 - i. An **HMIS record** or record from a comparable database;
 - ii. A **written observation by an outreach worker** of the conditions where the individual was living;
 - iii. A **written referral** by another housing or service provider; or
 - iv. Where evidence in paragraphs (a)(4)(ii)(A) through (C) of this section cannot be obtained, a **certification by the individual seeking assistance**, which must be accompanied by the intake worker’s documentation of the living situation of the individual or family seeking assistance and the **steps taken to obtain evidence in paragraphs (a)(4)(ii)(A) through (C)**.
- 2) **Evidence of a disability**
 - a. Acceptable evidence of the disability includes written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long continuing or of indefinite duration and substantially impedes the individual’s ability to live independently;
 - i. Written verification from the Social Security Administration;
 - ii. The receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation);

Howard County Continuum of Care Policies & Procedures

- iii. Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, is confirmed and accompanied by evidence in paragraph (a)(4)(i)(B)(1), (2), (3), or (5) of this section; or
- iv. Other documentation approved by HUD.

3) Duration & Breaks in Homelessness

- a. For “Chronically homeless”, **evidence** must include a **combination of the evidence above subject to the following conditions:**
 - i. Third-party documentation of a single encounter with a homeless service provider on a single day within 1 month is sufficient to consider an individual as homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter for the entire calendar month (e.g., an encounter on May 5, 2015, counts for May 1—May 31, 2015), unless there is evidence that there have been at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter during that month (e.g., evidence in HMIS of a stay in transitional housing);
 - ii. Each break in homelessness of at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter between separate occasions must be documented with the evidence described in paragraphs (a)(4)(ii)(A) through (D) of this section;
 - iii. Evidence of stays in institutional care facilities fewer than 90 days included in the total of at least 12 months of living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter must include the evidence in paragraphs (a)(4)(iv)(A) through (B) of this section and evidence described in paragraphs (a)(4)(ii)(A) through (D) of this section that the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately prior to entering the institutional care facility; and
 - iv. For at least 75 percent of the chronically homeless individuals and families assisted by a Recipient in a project during an operating year, no more than 3 months of living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter may be documented using the evidence in paragraph (a)(4)(ii)(D) of this section for each assisted chronically homeless individual or family. This limitation does not apply to documentation of breaks in homelessness between separate occasions, which may be documented entirely based on a self-report by the individual seeking assistance.
- b. Chronically homeless under paragraph (2) of the “Chronically homeless” definition because he or she has been **residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of the definition, before entering that facility, evidence must include the following:**
 - i. Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institutional care facility stating the beginning and end dates of the time residing in the institutional care facility. All oral statements must be recorded by the intake worker; or

Howard County Continuum of Care Policies & Procedures

- ii. Where the evidence in paragraph (a)(4)(iv)(A) of this section is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in paragraph (a)(4)(iv)(A) and a certification by the individual seeking assistance that states that he or she is exiting or has just exited an institutional care facility where he or she resided for fewer than 90 days; and
 - iii. Evidence as set forth in paragraphs (a)(4)(i) through (iii) of this section that the individual met the criteria in paragraph (1) of the definition for "Chronically homeless" in § 578.3, immediately prior to entry into the institutional care facility.
- c. If a **family qualifies as chronically homeless** under paragraph (3) of the "Chronically homeless" definition, evidence must include the evidence (as set forth in 3a.1-4 of this section) that the adult head of household (or if there is no adult in the family, a minor head of household) met all of the criteria in paragraph (1) or (2) of the definition.

Household Composition

- 1) Persons accepted into CoC programs, other than the qualifying individual, may include:
 - a. Dependents, minor children whom the Head of Household can show some type of custody arrangement;
 - b. Children over 18 who have documentation verifying that they are full-time students at a qualified higher-education institution, or who were originally part of the qualifying household composition;
 - c. A spouse;
 - d. A critically-ill parent or adult child with a disability; and
 - e. Certified medical caregivers.
- 1) Clients must report, in writing, any changes in their household size when a person moves in or out of the unit within two (2) weeks.

Occupancy, Rent and Income

Occupancy Agreements and Leases

- A. There must be a signed occupancy agreements or lease/sub-lease in place for CoC Leasing or Rental Assistance program participants.
- B. The specific regulations under the Interim Rule for Rental Assistance activities and Leasing activities apply, (i.e., difference between Tenant Based Rental Assistance and Project Bases Rental Assistance).

Calculation of Rent

- 1) CoCs are not required to impose occupancy charges on program participants as a condition of residing in housing. However, when any form of Rental Assistance or Leasing is provided on behalf of the client, through CoC funds, the Howard County CoC charges the highest of:
 - i. 30 percent of the family's monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses); or
 - ii. 10 percent of the family's monthly income.

Howard County Continuum of Care Policies & Procedures

Annual Income

- 1) Each program participant must agree to supply the information or documentation necessary to verify the program participant's income at program acceptance and upon recertification. A program participant's income must be reviewed initially, and annually thereafter.
- 2) However, if there is a change in family composition or an increase/decrease in the resident's income during the year, the resident may request an interim reexamination, and the client's portion of the contract rent would be adjusted accordingly. Such increases/decreases to household income must be reported prior to the end of the month in which the change occurs, so if any possible adjustment (increase or decrease) in rent can begin the next full month following when it was reported.
- 3) Household income must be calculated in accordance with 24 CFR 5.609 and 24 CFR 5.611(a).
- 4) Annual Income *Does* Includes:
 - iii. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
 - iv. Net income from the operation of a business or profession;
 - v. Interest, dividends, and other net income of any kind from real and personal property;
 - vi. The full amount of periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump sum payment for delayed start of a periodic payment;
 - vii. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay;
 - viii. Welfare assistance. Welfare or other payments to families or individuals, based on need, that are made under programs funded, separately or jointly, by Federal, State or local governments (e.g. Social Security Income (SSI) and general assistance available through state welfare programs);
 - ix. Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from persons not residing in the dwelling; and
 - x. All regular pay, special pay and allowances of a member of the Armed Forces, except special hostile fire pay.
- 5) Annual Incomes *Does Not* Include:
 - i. Income from employment of children (including foster children) under the age of 18 years;
 - ii. Payments received for the care of foster children or foster adults (usually individuals with disabilities, unrelated to the tenant family, who are unable to live alone);
 - iii. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses (except payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay);
 - iv. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
 - v. Income of a live-in aide as defined in 24 CFR 5.403;
 - vi. The full amount of student assistance paid directly to the student or to the educational institution;
 - vii. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
 - viii. Amounts received under training programs funded by HUD;

Howard County Continuum of Care Policies & Procedures

- ix. Amounts received by a disabled person that are disregarded for a limited time for purposes of SSI income eligibility and benefits because they are set aside for use under a Plan for Achieving Self-Support (PASS);
- x. Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;
- xi. Amounts received under a resident service stipend.
- xii. Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program;
- xiii. Temporary, non-recurring or sporadic income (including gifts);
- xiv. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
- xv. Earnings in excess of \$480 for each full time student 18 years old or older (excluding the head of household and spouse);
- xvi. Adoption assistance payments in excess of \$480 per adopted child;
- xvii. Deferred periodic payments of SSI income and social security benefits that are received in a lump sum amount or in prospective monthly amounts;
- xviii. Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit;
- xix. Amounts paid by a State agency to a family with a developmentally disabled family member living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; and
- xx. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply.

A notice will be published in the Federal Register and distributed to PHAs and housing owners identifying the benefits that qualify for this exclusion. Updates will be published and distributed when necessary.

6) Adjustments to Income

- i. \$480 for each dependent
- ii. \$400 for any elderly or disabled family;
- iii. The sum of the following, to the extent the sum exceeds 3 percent of annual income:
 - 1. Unreimbursed medical expenses of any elderly family or disabled family; and
 - 2. Unreimbursed reasonable attendant care and auxiliary apparatus expenses for each member of the family who is a person with disabilities, to the extent necessary to enable any member of the family (including the member who is a person with disabilities) to be employed. This deduction may not exceed the earned income received by family members who are 18 years of age or older and who are able to work because of such attendant care or auxiliary apparatus; *and*

Howard County Continuum of Care Policies & Procedures

3. Reasonable child care expenses necessary to enable a member of the family to be employed or to further his or her education, provided that:
 - a. the child or children are 12 years old and under;
 - b. the resident is employed or enrolled in school while the dependent is receiving care;
 - c. the amount deducted as child care expenses is necessary for the resident to work or attend school and the amount necessary for the resident to work does not exceed the amount earned while working; *and*
 - d. the resident is not reimbursed for this expense.
- 7) The Earned Income Disallowance (EID), 24 CFR 5.617.
 - i. Applies to disabled participants of PH projects
 - ii. Special regulations apply to all disabled clients that became employed after April 20, 2001 and
 1. were previously unemployed for one or more years; or
 2. earned less than \$3,375 in the previous 12 months; or
 3. increased their income during a self-sufficiency or job training program; or
 4. Received welfare benefits or participated in a Welfare-to-Work program within six months prior to getting a job.

Utility Payments

- 1) Utility reimbursements are only allowed when the household's rent does not include utility costs, or is not considered "Fair Market Rent." This usually occurs for those living in units that are individually metered, and clients receive bills directly from the utility company.
- 2) In this situation, the client's rent equals the client's required rent payment less an allowance for reasonable utility consumption (allowance schedules are issued annually by the local public housing authority). Telephone, cable and/or internet costs are not to be included as a utility for this purpose.
- 3) If reasonable utility expenses alone exceed the amount the client is required to pay for both shelter and utilities, the Subrecipient must make arrangements in their financial payment system to pay the utility company directly.
- 4) This calculation method is reflected in the HUD Resident Rent Calculation Worksheet.
- 5) Under no circumstance must a household receive direct payment for any costs.

...The CoC Program Interim Rule prohibits direct payments to program participants because it is an ineligible use of CoC Program funds. CoC Program funds are only to be used for the direct provision of housing and supportive services for eligible persons. A Recipient or Subrecipient cannot guarantee a direct cash payment to a program participant will be used for an allowable supportive service or housing payment; thus, the requirement for CoC Program funds for utility payments to be made to the utility companies and other third party service providers. -HUD Headquarters, April 24, 2014

Howard County Continuum of Care Policies & Procedures

Housing

Housing Standards

For any assistance provided, the housing and services must be in compliance with all applicable State and local housing codes, licensing requirements, and any other requirements of the jurisdiction in which the project is located regarding the condition of the structure and the operation of the housing or services.

Lead Based Paint

Overview

On September 15, 1999, HUD published a final regulation, *"Requirements for Notification, Evaluation and Reduction of Lead-Based Paint Hazards (LBP) in Federally Owned Residential Property and Housing Receiving Federal Assistance,"* known as the Lead Safe Housing Rule. The purpose of the regulation is to protect young children from lead-based paint hazards in housing that is either receiving assistance from the Federal government or is being sold by the government. The regulation establishes procedures for evaluating whether a hazard may be present, controlling or eliminating the hazard, and notifying occupants of what was found and what was addressed in such housing. The Lead Safe Housing Rule took effect on September 15, 2000. HUD program requirements concerning lead-based paint hazards are found in 24 CFR Part 35, Lead-Based Paint Poisoning Prevention in Certain Residential Structures, also known as the Lead Safe Housing Rule. The regulation is divided into "subparts" of 24 CFR Part 35. Three subparts apply to all programs.

- 1) *Subpart A is the disclosure regulation that requires sellers and lessors of most pre-1978 housing to disclose known information on lead-based paint and/or lead-based paint hazards to prospective buyers and renters.*
- 2) *Subpart B describes the scope of coverage of the new regulation and provides definitions and general requirements for all programs.*
- 3) *Subpart R describes methods and standards for lead-based paint hazard evaluation and reduction activities.*
- 4) For residential properties for which COC program funds are used for acquisition, leasing, supportive services and operations, subparts A, B, K, M, and R apply.

Lead-Based Paint Exemptions

Exemptions do not apply if a child less than age 6 resides or is expected to reside in the dwelling unit that was built before January 1, 1978. In that situation, the unit must have a visual assessment completed. However, the following are exempted from implementing the Lead Safe Housing Rule:

- 1) It is a residential property for which construction was completed on or after January 1, 1978;
- 2) It is housing/residential property for the elderly, or a residential property designated exclusively for persons with disabilities where a child less than age of 6 will not be residing if built before 1978;
- 3) A zero-bedroom dwelling unit, including a single room occupancy (SRO) dwelling unit, etc.).

Processes for Determining Exemptions

Before any CoC assistance may be provided, the following steps must be taken:

- 1) Verify age of the property, (if built after January 1, 1978, property is Exempt).
- 2) Verify age of all members of the household, (if no child under age of 6, property is Exempt).

Howard County Continuum of Care Policies & Procedures

If property is built before January 1, 1978, **and** a child under the age of 6 will be residing in the property, the following steps must be taken:

- 1) Is property a zero-bedroom or SRO-unit? If yes, property is Exempt.
- 2) Has x-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint? If yes, property is Exempt.
- 3) Has this property had all lead-based paint identified and removed in accordance with HUD regulations? If yes, property is Exempt. All documentation must be maintained.
- 4) Has the property already undergone (and passed) a visual assessment within the past 12 months *or* has lead abatement been completed? If yes, property is Exempt. All documentation must be maintained.

If the property does not meet an above listed Exemption, the following steps must be followed:

- 1) A visual assessment of all paint must be conducted by personnel who have completed the following training on HUD's website at:
<http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>
 - a. Documentation must be maintained that the training has been completed.
- 2) Conduct a visual assessment.
- 3) Complete the Lead-Based Paint Visual Assessment Certification Form.
- 4) Determine if deteriorated paint identified during the visual assessment needs to be repaired prior to approving the unit; de-minimus levels apply:
 - a. If the answer is "Yes" to any of the following, deteriorated paint must be stabilized, and the CoC will not approve the unit for tenancy.
 - i. 20 square feet on exterior surfaces;
 - ii. 2 square feet in any one interior room or space; and/or
 - iii. 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim.
 - b. If the answer is "No" to any of the following, deteriorated paint does not require stabilization, and the CoC will approve the unit for tenancy.
 - i. 20 square feet on exterior surfaces;
 - ii. 2 square feet in any one interior room or space; and/or
 - iii. 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim.

It is the Howard County CoC policy that no unit which requires paint stabilization is eligible for assistance under this program. The CoC will not permit rental assistance to be provided towards any unit that requires paint stabilization prior to occupancy.

Housing Quality Standards (HQS)

- 1) Units assisted with CoC funding must pass the Housing Quality Standards inspection before funds are provided, and annually thereafter.
- 2) The inspection involves a review of any third party documentation (such as a check of housing and public health code inspection certifications) as well as visual inspection of the unit.
- 3) Third party inspections are considered primary since trained inspectors perform them.

Howard County Continuum of Care Policies & Procedures

- 4) The person conducting the HQS must be conduct visual assessment of all paint (to verify if lead paint requires stabilization) and must have completed the following training on HUD's website:
<http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>
 - a. Documentation must be maintained that the training has been completed.

Fair Market Rents (FMR)

For both Leasing and Rental Assistance, a unit's total rent may not exceed HUD determined fair market rent value (FMR), if utilities are included in the monthly amount. The annually published FMR's are gross rent estimates, and *include* the cost of utilities (except telephone/cable). If a unit is over the FMR limit, and/or does not include the cost of utilities, it must be documented in the client file that the unit exceeds the FMR and then must meet the Rent Reasonableness threshold for that size/type of unit instead.

Rent Reasonableness

For Leasing and Rental Assistance, rent paid must be actual costs and deemed reasonable in relation to rents being charged in the area for comparable space. If a unit's monthly charge includes utilities, the FMR limit must be used. If a unit's monthly charge excludes utilities and/or is over the annual FMR rate, the Rent Reasonable guidelines must be used. If in determining comparability, consider location, size, type, quality, amenities, facilities, and management services. If the owner has both assisted and unassisted housing units, rents for the assisted units may not exceed rents being charged for that owner's comparable unassisted units; or must be comparable within reason. The Subrecipient should keep file documentation showing the unit's rent reasonableness.

Rental Assistance

Use

- 1) Grant funds may be used for rental assistance for homeless individuals and families.
- 2) Rental assistance cannot be provided to a program participant who is already receiving rental assistance, or living in a housing unit receiving rental assistance or operating assistance through other federal, State, or local sources.
- 3) The Howard County CoC rental assistance is *long-term*, (longer than 24 months)
- 4) The Howard County CoC PSH rental assistance projects are all tenant-based (scattered sites)
- 5) Grant funds may be used for security deposits in an amount not to exceed 2 months of rent.
- 6) An advance payment of the last month's rent may be provided to the landlord, in addition to the security deposit and payment of first month's rent.

Rental Assistance Administration

- 1) Rental assistance may be administered by a State, unit of general local government, a public housing agency or a private nonprofit organization.
- 2) Housing Assistance Efficiency Act, H.R. 2790: The 113th Congress, 2D Session passed H. R. 2790 on December 3, 2014: *"To authorize private nonprofit organizations to administer permanent housing rental assistance provided through the Continuum of Care Program under the McKinney-Vento Homeless Assistance Act, and for other purposes."*
<https://www.govtrack.us/congress/bills/113/hr2790/text>
- 3) Costs of administering the rental assistance are considered service delivery costs of rental assistance and are eligible in the CoC Program as Rental Assistance costs.

Howard County Continuum of Care Policies & Procedures

- Staff Time involved in administering rental assistance in the CoC Program includes contracting for and making rental assistance payments to the landlord/landowner, and conducting the Housing Quality Inspections (HQS).

Tenant-Based Rental Assistance (TBRA)

- 1) Tenant-based rental assistance is rental assistance in which program participants choose housing of an appropriate size in which to reside, and hold the lease in their own name.
- 2) Program participants who have complied with all Howard County CoC PSH program requirements may retain their rental assistance and within the Continuum of Care geographic area, if they chose.
- 3) Program participants who have complied with all program requirements during their residence and who have been a victim of domestic violence, dating violence, sexual assault, or stalking, and who reasonably believe they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking (which would include threats from a third party, such as a friend or family member of the perpetrator of the violence), if they remain in the assisted unit, and are able to document the violence and basis for their belief, may retain the rental assistance and move to a different Continuum of Care geographic area if they move out of the assisted unit to protect their health and safety.

Vacant Units

If a unit assisted under this section is vacated before the expiration of the lease, the assistance for the unit may continue for a maximum of 30 days from the end of the month in which the unit was vacated, unless occupied by another eligible person. No additional assistance will be paid until the unit is occupied by another eligible person. Brief periods of stays in institutions, not to exceed 90 days for each occurrence, are **not** considered vacancies.

Property Damage

The Howard County CoC allows the use of grant funds in an amount not to exceed one month's rent to pay for any damage to housing due to the action of a program participant. This shall be a one-time cost per participant, incurred at the time a participant exits a housing unit.

Resident Rent

- 1) Rent must be calculated as stated in "Calculation of Rent" of this document.
- 2) The Howard County CoC requires program participants to pay the landlord directly for their share of the rent.

Leases

- 1) Program participants must enter into a lease agreement for a term of at least one year, which is terminable for cause.
- 2) The lease agreement must be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.

Howard County Continuum of Care Policies & Procedures

Leasing

The following apply to Leasing Projects for monitoring purposes and reporting to HUD, since:

The final Leasing project expired on November 30, 2015, and renewed under Rental Assistance. The Howard County CoC PSH Leasing project was long-term, (longer than 24 months), tenant-based and scattered site.

This Transitional Housing project was not renewed in the FFY15 competition, and ended on January 31, 2016. The Howard County CoC TH Leasing project was sponsor-based and short-medium term (up to 24 months).

Use

- 1) Recipients or Subrecipients may not disburse funds directly to participants to pay the leasing costs, but must pay individual landlords directly, and must only be used for homeless individuals or families.
- 2) Leasing assistance may not be provided to a program participant who is already receiving rental assistance, or leasing assistance, or living in a housing unit receiving rental assistance or operating assistance through other federal, State, or local sources.
- 3) Leasing assistance is subject to the requirements of the Lead-Based Paint Poisoning Prevention Act. For residential structures constructed before 1978, there are requirements and procedures for addressing the hazards of lead-based paint. The requirements encompass both the residential unit, and non-dwelling portions of a structure that might be used by children under seven (7) years of age, such as a day care center.
- 4) Neither the Recipient nor the Subrecipient may lease property (that it owns) to itself, a parent, or a subsidiary organization. The funds designated for Leasing may only be used for the actual costs of leasing a unit. They may not be used to pay for a Recipient or Subrecipient's mortgage or other costs.
- 5) The Howard County Government, or any of its subsidiaries, may not own property that is leased to a client in any Howard County CoC program.

Vacant Units

The Recipient or Subrecipient (whichever entity holds the lease with the landlord) must abide by the terms of the lease. Therefore, if the lease is for a year, then they must pay for a year regardless of whether the unit is occupied. If the lease is written in such a way that it ends when a client leaves, then they may not pay rent when a program participant is not living in the unit. Vacancy payments are eligible as long as it's in compliance with the lease agreement in place. Since leases are in the Recipient or Subrecipient's name, leaseholder is liable for paying the rent even if a leased unit is unoccupied. Therefore, Recipients and Subrecipients may continue to pay rent to owners even when vacant until a new program participant moves into the unit. It is notable that brief periods of stays in institutions, not to exceed 90 days for each occurrence, are **not** considered vacancies.

Property Damage

Leasing funds may not be used to pay for property damage, even upon client move-out.

Howard County Continuum of Care Policies & Procedures

Resident Rent

- 1) Rent must be calculated as stated in “Calculation of Rent” of this document.
- 2) The Howard County CoC requires program participants to pay their share of the rent to the sponsor agency.

Leases

- 1) Program participants in transitional housing must enter into an agreement for a term of at least one month.
- 2) The lease must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months for transitional housing.
- 3) Program participants must not enter into a lease agreement with the landlords; rather the project sponsor must enter into an agreement with the landlord, and have an occupancy agreement in place between the project sponsor and the household.
- 4) The leases and occupancy agreements must be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.

Placement in Vacancies

Housing First

Howard County’s Continuum of Care and Coordinated System of Homeless Services follows and adheres to the Housing First model of placement into permanent supportive housing for those experiencing homelessness. The main Housing First components are:

- Few to no programmatic prerequisites to permanent housing entry
- Low barrier admission policies
- Rapid and streamlined entry into housing
- Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability
- Tenants have full rights, responsibilities, and legal protections
- Practices and policies to prevent lease violations and evictions
- Applicable in a variety of housing models

Housing First is “an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.”

Howard County Continuum of Care Policies & Procedures

Review Panel Process

The Review Panel shall uphold the core components of Housing First, when making a selection for placement. The following process reflects those core components. After receiving all requested documentation, the CSHS Services Coordinator, will convene the Review Panel to select the most vulnerable household for placement into the available unit.

The Review Panel consists of the following representatives, for a total of six representatives including four who vote and one facilitator:

- 1) PSH CoC Subrecipient Agency (No vote)
- 2) Howard County Public Schools
- 3) Department of Social Services
- 4) Community Advocate
- 5) Howard County Health Department
- 6) CSHS Services Coordinator (Facilitator – No vote)

The Review Panel will select applicants for the unit by identifying homeless families and individuals who meet the criteria for the available unit. Depending on the unit's designation, the household must be:

- 1) A chronically homeless individual with a disability; or
- 2) A chronically homeless family in which one adult or child has a disability); or
- 3) An undesignated household (chronic/non-chronic, individual/family where individual or one adult or child has a disability).
- 4) *Note: Required documentation includes verification of Homelessness (and chronic homelessness, if applicable), and Disability Form.*

The Review Panel's role includes:

- 1) Adhering to selection practices that promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services.
- 2) Adhering to selection practices that are not based on the household's poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that indicate a lack of "housing readiness."
- 3) Accepting referrals directly from the Coordinated System of Homeless Services, which works directly with shelters, street outreach, drop-in centers, and other parts of the crisis response system in Howard County, to ensure the most vulnerable people experiencing homelessness have access to housing.
- 4) Not accepting or rejecting an applicant based on agreement to services or program compliance; services should be used to persistently engage tenants to ensure housing stability, but is not a requirement for entry.
- 5) Realize use of alcohol or drugs in and of itself (without other (current or past) lease violations) is not considered a reason for rejection of applicant.
- 6) Prioritize eligible tenants based on criteria *other than* "first come/first serve" such as duration/chronicity of homelessness, vulnerability, or high utilization of crisis services. (See Order of Priority for Chronic Homelessness).

Howard County Continuum of Care Policies & Procedures

Permanent Supportive Housing for Persons with Disabilities (PSHPWD)

- 1) When a McKinney unit becomes available the Subrecipient Agency will notify the CSHS Services Coordinator, and indicate whether the unit is for:
 - a. A chronically homeless individual with a disability; or
 - b. A chronically homeless family in which one adult or child has a disability); or
 - c. An undesignated household (chronic/non-chronic, individual/family where individual or one adult or child has a disability).
- 2) The CSHS Services Coordinator will alert the CSHS Case Managers about the available unit and ask them to submit recommendations to fill the unit, according to the unit's designation. The CSHS Case Managers will submit the following documentation to the CSHS Services Coordinator:
 - a. Verification of Homelessness and verification of disability, including the Disability Form;
 - b. Vulnerability Assessment; and
 - c. Narrative description of individual/household need.
- 3) After receiving all requested documentation, the CSHS Services Coordinator, will convene the Review Panel to select the most vulnerable household for placement into the available unit.
- 4) The Review Panel consists of the following representatives, for a total of six representatives including four who votes and one who facilitates:
 - a. PSH CoC Subrecipient Agency (no vote)
 - b. Howard County Public Schools
 - c. Department of Social Services
 - d. Community Advocate
 - e. Howard County Health Department
 - f. CSHS Services Coordinator (Facilitator – no vote)
- 5) Upon receipt of the referrals and acceptable disability verification, the Subrecipient Agency will process the referrals in chronological order, as sent from the CSHS Services Coordinator. Acceptable forms of disability verification are:
 - a. Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently; OR
 - b. Written verification from the Social Security Administration; OR
 - c. The receipt of a disability check; OR
 - d. Intake staff-recorded observation of a disability that, no later than 45 days of the application for assistance, is confirmed and accompanied by evidence in this; OR
 - e. Other documentation approve by HUD.
- 6) Once verification has been confirmed, the Subrecipient Agency will work with the candidate and their Case Manager to complete the process for eligibility determination in chronological order, as received from the CSHS Services Coordinator, until units are filled.
- 7) No public notice requirement is imposed because these CoC has a specific target population and CSHS service providers. This ensures that the funds are used to assist the intended population.
- 8) The CSHS Services Coordinator will notify CSHS Case Managers that a selection has been made and the unit has been filled.
- 9) Required Documentation & Records
 - a. HMIS Client Authorization Form
 - b. CSHS Intake Form
 - c. CSHS Waiting List Form

Howard County Continuum of Care Policies & Procedures

- d. Verification of Homelessness
- e. Verification of Disability
- f. Narrative Description of Household

Transitional Housing (TH)

The last CoC Transitional Housing project was not renewed in the FFY15 competition, and ended on January 31, 2016. The Howard County CoC TH Leasing project was sponsor-based and short-medium term (up to 24 months). The following apply to placements in Transitional Housing for monitoring purposes and reporting to HUD only:

- 1) Program Director will inform CSHS Services Coordinator of the coming availability of a unit of Transitional Housing (TH), and as soon as possible the specific date when a unit is vacated.
- 2) Subrecipient is committed to turning over units for admission of new families within 30 days of the vacancy. If an exception is needed to this expectation, Subrecipient's Program Director will inform CSHS Services Coordinator.
- 3) CSHS Services Coordinator will attempt to place a new family in a vacant TH unit as close to its turnover completion as possible, and work with Subrecipient's Program Director to do so.
- 4) Families selected for Subrecipient's Transitional Housing must comply with:
 - a. Income limits – Limits vary from unit to unit (30% to 50% of area median income).
 - b. Household composition – Families with at least one minor child.
 - c. Homeless status – Household must be certified as homeless.
 - d. Household size – Must fit with size of the available unit
- 5) Families who will reside in the Subrecipient's Transitional Housing will be identified and referred by the Howard County Coordinated System of Homeless Services (CSHS) based on these criteria:
 - a. Transitional housing aligns with the household's long term housing stability plan.
 - b. Transitional housing is intended to be a needed stepping stone to permanent housing.
- 6) CSHS Services Coordinator will consult with CSHS Participant Agencies to identify appropriate families to refer. Subrecipient's Program Director will be party to this consultation.
- 7) Subrecipient's Program Director will review the household's history and will interview the head(s) of household of the referred family to assess the likelihood of placement in Subrecipient's Transitional Housing program:
 - a. Family interest/willingness to engage in Subrecipient's program of support and case management (not used to screen any household out of placement); and
 - b. Family's ability to live in scattered-site housing.
- 8) Subrecipient's Program Director will inform CSHS Services Coordinator whether the referred household is accepted or not to reside in the Subrecipient's Transitional Housing.
- 9) Accepted households will sign an Occupancy Agreement and a Program Agreement before taking residence in Subrecipient's Transitional Housing. The Program Agreement will outline the Subrecipient's case management service, program participation requirements and grievance procedure. If a Program Participant denies supportive services, the Subrecipient agency will not deny entrance into the program, but will incorporate engagement and outreach as part of ensuring the household is stably housed.

Howard County Continuum of Care Policies & Procedures

Participants & Housing

Requirements

The rules and responsibilities of clients are outlined in the client's program document, which is signed by the Subrecipient or Recipient agency and the participating household, at move-in. A signed lease between the client and property manager is required for participation in PSH under Rental Assistance. In addition to the lease and CoC program requirements, the property management agency may have additional policies to smoothly operate and manage their properties. All rental and leasing responsibilities as outlined in the client lease are that of the client. Neither the Subrecipient nor the Recipient agencies are party to any lease agreements determined by the landlord or property management agency. The Subrecipient agency will facilitate a rental assistance agreement to establish the responsibilities for payment of rent, utilities etc., between the participant household and the Subrecipient and landlord.

Eviction Prevention

Clients must immediately disclose to the Recipient or Subrecipient if they have received a notice of eviction. Housing stability is a priority, and eviction prevention services are essential for the case managers to ensure households remain stable. Linking the household to eviction prevention providers through the Coordinated System of Homeless Services by way of referral, may help with identified barriers that could lead a household to be unstable. If a client is not interested in these services, the case managers must continue to look for ways to assist the household to remain stably housed and avoid the eviction process.

Eviction Process

If a client receives a 30-day notice from the property manager they must give a copy to the case manager and/or support staff immediately so they may begin assisting the household with follow-up. In order to stop the eviction process before it is filed with the court, the client must meet with the property manager to address the lease violation and make a rent payment plan.

Termination of Assistance

The Recipient or Subrecipient may terminate assistance to a program participant who violates program requirements or conditions of occupancy (lease agreement). Termination does not bar the Recipient or Subrecipient from providing further assistance at a later date to the same individual or family in the Howard County CoC.

Hard-to-house Populations

Recipients and Subrecipients that are serving hard-to-house populations of homeless persons must exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.

Due Process

If terminating assistance to a program participant, the Recipient or Subrecipient must follow the formal grievance procedures in place that recognizes the rights of individuals receiving assistance under the due process of law. This process consists of:

Howard County Continuum of Care Policies & Procedures

- Providing the program participant with a written copy of the program's rules and the termination process before the participant begins to receive assistance, and at annual recertification;
- Written notice to the program participant containing a clear statement of the reasons for termination; a review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
- Prompt written notice of the final decision to the program participant (see Grievance Policy and Procedure below).

Grievance Policy and Procedures

Policy Statement

It is the policy of the Howard County Continuum of Care to provide its members and program participants with a fair and efficient process to present and resolve complaints and grievances. In the case of complaints/grievances about programs, the CoC DCRS Lead Agency is the official oversight entity and the Steering Committee's input has considerable influence on its decisions. Each HUD funded organization shall have a grievance procedure and shall implement the procedure when applicable, and must incorporate the minimum steps, as listed here, regarding any complaints/grievances. A first-person written and/or documented complaint will be considered a grievance. A verbal, second-hand or hearsay complaint will be considered a complaint.

Written Grievances about the CoC

- Any grievance against the CoC will be reviewed by the Evaluation and Resource Allocation Committee within ten days of its receipt. The Chair will respond within 30 days by:
 - Assisting in articulating /identifying issues, if needed.
 - Determining what action needs to be taken, if any.
 - Responding in writing with clear identification of issue and specifics about its resolution.

Grievances/Complaints about a Program Receiving McKinney-Vento (CoC) Funds

- The person making the grievance or complaint will be asked if they have adhered to grievance procedures provided by the organization they are making a grievance or complaint about. If the person making the grievance or complaint has not gone through the grievance procedure provided by the organization, the DCRS Lead Agency will recommend that the person do so and document that recommendation.
- If the resolution provided by that organization was not satisfactory to the complainant, he/she may put the problem in writing and submit it to the DCRS Lead Agency. If the complainant does not want his/her name attached to the complaint, his/her anonymity will be protected. If the complainant is unwilling to put the concern in writing, the DCRS Lead Agency will document what has been said.
- Each situation will be treated seriously and with sensitivity, and will be documented for the record with date, time, program name, and nature of the complaint, as well as with any action taken towards resolution.
- Once a complaint or grievance has been submitted, the DCRS Lead Agency will approach the problem program's representative, explain the complaint or grievance, and ask for a response to the charge(s) within ten (10) business days. Responses will be documented. It will be up to the DCRS Lead Agency to decide if the matter needs to be discussed by the ERA.

Howard County Continuum of Care Policies & Procedures

- A second complaint or grievance will be handled the same. The complainant may file a written appeal (second complaint) within ten (10) days of the first response; The client's written appeal will be responded to within ten (10) days of its receipt.
- If a program receives a third complaint, the ERA will review the situation and recommend action, including all correspondence and documentation. The Executive Director of the program being reviewed will be asked to respond to the ERA. The third complaint will be handled within the same timeframe as the first and second.
- All complaints or grievances involving vulnerable adults or children will be immediately turned over to the appropriate county office.

Note: Should a participant household believe they have been discriminated against by their landlord they should contact the Howard County Office of Human Rights and Office of Consumer Affairs immediately.

Annual Review Process

Clients are required to complete an annual review and re-certification with their case manager. They are expected to meet with their case manager and bring requested documentation with them. After their appointment, adjusted rent calculations (if applicable) will be applied the next full month, and a new payment agreement form will be signed processed. Copies will be sent to the client and the landlord and put into the client's file, and updated in the Subrecipient or Recipient agency's payment system. Any updated information must be entered into ServicePoint within five (5) business days of the review.

Landlord Requests for Rent Increases

In accordance with the terms of a client's lease, and state and local law, a landlord may request a rent increase. The new rent amount must still comply with the FMR and/or rent reasonableness and include a 60-day advance notice. Once the request is reviewed and approved to be within FMR and/or rent reasonable, a new rent calculation form will be completed and new payment agreement forms will be signed. Copies will be sent to the client and the landlord and put into the client's file, and updated in the Subrecipient or Recipient agency's payment system. Any updated information must be entered into ServicePoint within five (5) business days of the review.

Rent Adjustments

Clients are responsible for notifying the Recipient or Subrecipient agency upon receipt of a rent adjustment from the landlord and/or lease renewal notice. Clients must discuss the terms of any new agreement with their case manager before they sign a lease renewal.

Participant Requests for Change in Unit Size/Location

Clients may request a Relocation Request Form from their case manager or the support staff if there has been an approved addition to their family household that would necessitate needing a different unit. A request for a different unit may be made for certain other eligible reasons:

- 1) Safety, health or disability reasons (i.e. need a first floor unit as stairs cannot be navigated);
- 2) Significant deterioration of maintenance at the existing development, as documented in HQS reports;
- 3) Significant deterioration of safety issues at the existing development, as documented in HQS reports;
- 4) Landlord's decision not to offer a renewal lease;

Howard County Continuum of Care Policies & Procedures

- 5) If the unit fails the HQS at annual inspection, and the landlord will not take necessary measures to comply; or
- 6) Increase or reduction in size of family household composition (see Eligibility & Source Documentation, of this document).

Supportive Services

General

Howard County CoC Supportive Services grant budget line items may be used to pay the awarded eligible costs to address the special needs of the program participants. Howard County CoC believes that supportive services are necessary to assist program participants obtain and maintain housing. An annual assessment of the service needs of the program participants should inform the type of case planning to best serve the households needs, and provide accordingly.

Duration

- 1) For a TH, supportive services must be made available to residents throughout the duration of their residence in the project.
- 2) For PSH, supportive services must be provided for the residents to enable them to live as independently as is practicable throughout the duration of their residence in the project.
- 3) Services may also be provided to former residents of TH and current residents of PSH who were homeless in the prior 6 months, for no more than 6 months after leaving the program to assist their adjustment to independent or another living situation.
- 4) Howard County CoC is not funded by HUD for Rapid Rehousing. In the event it is, rapid rehousing projects will require the program participant to meet with a case manager not less than once per month to assist the program participant in maintaining long-term housing stability.

Eligible Costs

- 1) Annual Assessment of Service Needs. The costs of the assessment required by § 578.53(a)(2) are eligible costs.
- 2) Assistance with moving costs. Reasonable one-time moving costs are eligible and include truck rental and hiring a moving company.
- 3) Case management. The costs of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant(s) are eligible costs.

Component services and activities consist of:

- (i) Counseling;
- (ii) Developing, securing, and coordinating services;
- (iii) Using the centralized or coordinated assessment system as required under § 578.23(c)(9).
- (iv) Obtaining federal, State, and local benefits;
- (v) Monitoring and evaluating program participant progress;
- (vi) Providing information and referrals to other providers;
- (vii) Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking; and
- (viii) Developing an individualized housing and service plan, including planning a path to permanent housing stability.

Howard County Continuum of Care Policies & Procedures

- 4) Child care. The costs of establishing and operating child care, and providing child-care vouchers, for children from families experiencing homelessness, including providing meals and snacks, and comprehensive and coordinated developmental activities, are eligible.
 - (i) The children must be under the age of 13, unless they are disabled children.
 - (ii) Disabled children must be under the age of 18.
 - (iii) The child-care center must be licensed by the jurisdiction in which it operates in order for its costs to be eligible.
- 5) Education services. The costs of improving knowledge and basic educational skills are eligible.
 - (i) Services include instruction or training in consumer education, health education, substance abuse prevention, literacy, English as a Second Language, and General Educational Development (GED).
 - (ii) Component services or activities are screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies, and instructional material; counseling; and referral to community resources.
- 6) Employment assistance and job training. The costs of establishing and operating employment assistance and job training programs are eligible, including classroom, online and/or computer instruction, on-the-job instruction, services that assist individuals in securing employment, acquiring learning skills, and/or increasing earning potential. The cost of providing reasonable stipends to program participants in employment assistance and job training programs is also an eligible cost.
 - (i) Learning skills include those skills that can be used to secure and retain a job, including the acquisition of vocational licenses and/or certificates.
 - (ii) Services that assist individuals in securing employment consist of:
 - (A) Employment screening, assessment, or testing;
 - (B) Structured job skills and job-seeking skills;
 - (C) Special training and tutoring, including literacy training and prevocational training;
 - (D) Books and instructional material;
 - (E) Counseling or job coaching; and
 - (F) Referral to community resources.
- 7) Food. The cost of providing meals or groceries to program participants is eligible.
- 8) Housing search and counseling services. Costs of assisting eligible program participants to locate, obtain, and retain suitable housing are eligible.
 - (i) Component services or activities are tenant counseling; assisting individuals and families to understand leases; securing utilities; and making moving arrangements.
 - (ii) Other eligible costs are:
 - (A) Mediation with property owners and landlords on behalf of eligible program participants;
 - (B) Credit counseling, accessing a free personal credit report, and resolving personal credit issues; and
 - (C) The payment of rental application fees.
- 9) Legal services. Eligible costs are the fees charged by licensed attorneys and by person(s) under the supervision of licensed attorneys, for advice and representation in matters that interfere with the homeless individual or family's ability to obtain and retain housing.
 - (i) Eligible subject matters are child support; guardianship; paternity; emancipation; legal separation; orders of protection and other civil remedies for victims of domestic violence,

Howard County Continuum of Care Policies & Procedures

- dating violence, sexual assault, and stalking; appeal of veterans and public benefit claim denials; landlord tenant disputes; and the resolution of outstanding criminal warrants.
 - (ii) Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.
 - (iii) Fees based on the actual service performed (i.e., fee for service) are also eligible, but only if the cost would be less than the cost of hourly fees. Filing fees and other necessary court costs are also eligible. If the Subrecipient is a legal services provider and performs the services itself, the eligible costs are the Subrecipient's employees' salaries and other costs necessary to perform the services.
 - (iv) Legal services for immigration and citizenship matters and issues related to mortgages and homeownership are ineligible. Retainer fee arrangements and contingency fee arrangements are ineligible.
- 10) Life skills training. The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness are eligible. These services must be necessary to assist the program participant to function independently in the community. Component life skills training are the budgeting of resources and money management, household management, conflict management, shopping for food and other needed items, nutrition, the use of public transportation, and parent training.
- 11) Mental health services. Eligible costs are the direct outpatient treatment of mental health conditions that are provided by licensed professionals. Component services are crisis interventions; counseling; individual, family, or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.
- 12) Outpatient health services. Eligible costs are the direct outpatient treatment of medical conditions when provided by licensed medical professionals including:
- (i) Providing an analysis or assessment of an individual's health problems and the development of a treatment plan;
 - (ii) Assisting individuals to understand their health needs;
 - (iii) Providing directly or assisting individuals to obtain and utilize appropriate medical treatment;
 - (iv) Preventive medical care and health maintenance services, including in home health services and emergency medical services;
 - (v) Provision of appropriate medication;
 - (vi) Providing follow-up services; and
 - (vii) Preventive and non-cosmetic dental care.
- 13) Outreach services. The costs of activities to engage persons for the purpose of providing immediate support and intervention, as well as identifying potential program participants, are eligible.
- (i) Eligible costs include the outreach worker's transportation costs and a cell phone to be used by the individual performing the outreach.
 - (ii) Component activities and services consist of: initial assessment; crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; actively connecting and providing people with information and referrals to homeless and mainstream programs; and publicizing the availability of the housing and/or services provided within the geographic area covered by the Continuum of Care.

Howard County Continuum of Care Policies & Procedures

- 14) Substance abuse treatment services. The costs of program participant intake and assessment, outpatient treatment, group and individual counseling, and drug testing are eligible. Inpatient detoxification and other inpatient drug or alcohol treatment are ineligible.
- 15) Transportation. Eligible costs are:
- (i) The costs of program participant's travel on public transportation or in a vehicle provided by the Recipient or Subrecipient to and from medical care, employment, child care, or other services eligible under this section.
 - (ii) Mileage allowance for service workers to visit program participants and to carry out housing quality inspections;
 - (iii) The cost of purchasing or leasing a vehicle in which staff transports program participants and/or staff serving program participants;
 - (iv) The cost of gas, insurance, taxes, and maintenance for the vehicle;
 - (v) The costs of Recipient or Subrecipient staff to accompany or assist program participants to utilize public transportation; and
 - (vi) If public transportation options are not sufficient within the area, the Recipient may make a one-time payment on behalf of a program participant needing car repairs or maintenance required to operate a personal vehicle, subject to the following:
 - (A) Payments for car repairs or maintenance on behalf of the program participant may not exceed 10 percent of the Blue Book value of the vehicle (Blue Book refers to the guidebook that compiles and quotes prices for new and used automobiles and other vehicles of all makes, models, and types);
 - (B) Payments for car repairs or maintenance must be paid by the Recipient or Subrecipient directly to the third party that repairs or maintains the car; and
 - (C) The Recipients or Subrecipients may require program participants to share in the cost of car repairs or maintenance as a condition of receiving assistance with car repairs or maintenance.
- 16) Utility deposits. This form of assistance consists of paying for utility deposits. Utility deposits must be a one-time fee, paid to utility companies.
- 17) Direct provision of services. If the a service described in paragraphs (e)(1) through (e)(16) of this section is being directly delivered by the Recipient or Subrecipient, eligible costs for those services also include:
- The costs of labor or supplies, and materials incurred by the Recipient or Subrecipient in directly providing supportive services to program participants; and
 - The salary and benefit packages of the Recipient and Subrecipient staff who directly deliver the services.

Ineligible Costs

- 1) Any cost that is not awarded through a designated budget line item in the award from HUD, will not be reimbursed with CoC grant funds.
- 2) Any activity that is not considered eligible under the awarded budget line item will not be reimbursed with CoC grant funds.
- 3) Staff training and the costs of obtaining professional licenses or certifications to provide supportive services are not eligible costs.

Howard County Continuum of Care Policies & Procedures

Housing Stability Plan

All participants in the Howard County CoC's programs will have a Housing Stability Plan. Thirty (30) days after program acceptance, the case manager and the household will develop the plan together. Goals should be set and evaluated periodically to ensure the household is maintaining housing stability. Goals will be determined by the household to ensuring continued engagement in their Housing Stability Plan.

Client Files

The program staff will maintain two (2) client file systems – a general client file and a case management file. HUD also requires that client information be entered regularly and accurately into ServicePoint. Client files should be kept in locked cabinets/drawers during non-business hours. All case files should be current and reflect the most recent documentation.

Note: Client release forms must be signed, and on file, for entry into ServicePoint, or for contact with medical practitioners and other agencies the client may be involved with.

Progress Notes. Case managers should keep their case management notes up-to-date and should enter into ServicePoint within 48 hours of a household change. Support notes should be entered as soon as possible after discussions are completed.

Access to Records. Access to the general files will be available to case managers, support staff, Subrecipient designees and the CoC DCRS Lead Agency. Files and other identifying information being used at a staff desk must not be left unattended.

Confidentiality. ServicePoint, the Homeless Management Information System (HMIS) used by the Howard County CoC requires release form to be signed annually. The Howard County CoC adheres to a policy of confidentiality respecting every client's right to privacy. This is a legal directive, and important to serving households experiencing homelessness. Support services files are not available to property management even if head of households agree to the sharing of information. However, support staff may release information with property management staff or outside service providers with the expressed written permission of the head of household. Policies regarding sharing information with other collaborating agencies are outlined in the Howard County CoC HMIS Policies and Procedures.

Special Populations

All eligible costs are eligible to the same extent for program participants who are unaccompanied homeless youth; persons living with HIV/AIDS; and victims of domestic violence, dating violence, sexual assault, or stalking.

Monitoring Policy & Procedures

Program Monitoring

The Howard County Department of Citizen Services (the Collaborative Applicant and Recipient agency), maintain standard procedures for ensuring that Continuum of Care (CoC) Program funds are used in accordance with federal requirements, and maintain sufficient records to enable the U.S. Department of Housing and Urban Development (HUD) to determine whether the Recipient and its Subrecipients are meeting the requirements of 24 CFR Part 578. To support this role/responsibility, monitoring activities identified in this policy are outlined in the CoC Monitoring Checklists in the Appendices.

Howard County Continuum of Care Policies & Procedures

HUD maintains responsibility for monitoring all CoC Recipients, and this will include monitoring Subrecipients when the Recipient is selected for HUD program monitoring.

Specific standards include general recordkeeping requirements, fiscal management, program management, program participant records, and enforcement procedures. COC Recipients/Subrecipients are required to show compliance through appropriate program implementation, administration and recordkeeping. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act Code of Federal Regulation (CFR) for the CoC Program 24 CFR Part 578, Subpart G Grant Administration, and the Office of Management Budget (OMB) to include OMB Circular A-133 Audits of States, Local Government and Non-profit Organizations and 24 CFR Part 85; the Lead-based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846); the Section 3 of the Housing and Urban Development Act 24 CFR Part 135; and Environmental review activities subject to 24 CFR Part 50 govern CoC activities..

Definitions

Collaborative Applicant

Is defined to mean an instrumentality of state or local government, local government, nonprofit, state, or public housing authority that has been designated by the Continuum of Care to collect the required application information from all projects within the geographic area of the Continuum and apply for a grant.

Recipient

Is defined to mean an applicant that signs a grant agreement with the U.S. Department of Housing and Urban Development (HUD), as defined in Section 424 of the McKinney-Vento Act.

Subrecipient

Is defined to mean a private nonprofit organization, State or local government, or instrumentality of a State or local government that receives a sub-grant from the Recipient to operate a project. The definition of "Subrecipient" is consistent with the definition of "project sponsor" found in Section 401 of the McKinney-Vento Act.

Administration And General Recordkeeping

Administration and recordkeeping activities include, but are not limited to:

Continuum of Care Records As the jurisdiction's CoC Collaborative Applicant, the Howard County Department of Citizen Services will maintain documentation relating to establishment and operations of the local Continuum of Care (CoC), as governed by the Howard County Board to Promote Self-Sufficiency.

Program Records (24 CFR 578.103(a) (3 - 17). Project Sponsors will maintain documentation relating to implementation and operations of CoC Program projects, to include, as applicable:

- 1) Homeless Status - Documentation of literal homelessness as defined in 24 CFR Part 576.500(b).
- 2) At Risk of Homeless Status - Documentation that establishes "at risk of homelessness" status of each individual or family who receives homelessness prevention assistance as defined in 24 CFR 576.500(c).

Howard County Continuum of Care Policies & Procedures

- 3) Reasonable Belief of Imminent Threat of Harm - Documentation for people who moved to a different Continuum of Care (region) due to imminent threat of further domestic violence, dating violence, sexual assault, or stalking under 24 CFR 578.51(c)(3).
- 4) Annual Income - Documentation of annual income for people receiving housing assistance where rent or occupancy charge is paid by the program participant to the Recipient/Subrecipient, and documentation of annual program income expenditures.
- 5) Program Participant Records - Documentation for each program participant receiving services, an annual assessment of services for those program participants that remain in the program for more than a year, and compliance with the termination of assistance requirements under 24 CFR 578.91.
- 6) Housing Standards - Documentation of compliance with the housing quality standards (HQS), to include inspection reports under 24 CFR 578.75(b).
- 7) Services Provided - Documentation of supportive services provided under the Recipient or Subrecipients program and the amounts spent on those services, to include the annual assessment of services for participants and that the service package offered to program participants was adjusted, as applicable.
- 8) Match Records of the source and use of contributions made to satisfy the match requirement in 24 CFR 478.73, to include the records of match provided by Subrecipients. The record will show how the value placed on third party in-kind contributions was derived.
- 9) Conflicts Of Interest - Documentation to show compliance with organizational conflict-of-interest requirements.
- 10) Homeless Participation - Documentation to show compliance with the homeless participation requirements.
- 11) Faith-based Activities - Documentation to show compliance with the faith-based requirements under 24 CFR 578.87(b), as applicable.
- 12) Affirmatively Furthering Fair Housing – Documentation of marketing, outreach, and other materials used to inform eligible persons of the program to document compliance with the requirements in 24 CFR 578.93(c)
- 13) Other Federal Requirement - Documentation in support of compliance with 24 CFR 578.99, as applicable. www.fhrs.gov
- 14) Subrecipients And Contractors - The Recipient will retain copies of all solicitations from and agreements with Subrecipients and their contractors, records of payment requests and payments, and documentation of monitoring findings with corrective actions and sanctions of Subrecipients, as applicable.
- 15) Other Records Specified by HUD - Other documentation defined in 24 CFR 578.103(a)(1-17).

Confidentiality (24 CFR Part 578.103(b)) In addition to meeting the specific confidentiality and security requirements for HMIS data, the Recipient and Subrecipient will establish written procedures to ensure records containing program participant identifying information are kept secure and confidential, address or location of violence program site will not be made public, and the address or location of any housing of a program participant will not be made public.

Record Retention (24 CFR Part 578.103(c)) All records pertaining to CoC Program funds must be retained for the greater of 5 years from grant close-out, and 15 years from the date first occupied for acquisition, construction, and/or rehabilitation programs.

Howard County Continuum of Care Policies & Procedures

Access To Records (24 CFR Part 578.103(d)) All records are subject to Federal and public rights as outlined in this rule. Notwithstanding the confidentiality procedures, HUD, the HUD Office of the Inspector General, and the Comptroller General of the United States, or any of their authorized representatives, must have the right of access to all books, documents, papers, or other records of the Recipient and its Subrecipients that are pertinent to the CoC Program grant audits, examinations, excerpts, and transcripts.

Reports (24 CFR Part 578.103(e)) In addition to reports outlined in 24 CFR parts 84 and 85, the Recipient must collect and report data on CoC Program funds in an Annual Performance Report (APR), as well as any additional reports required by HUD.

Financial Management Monitoring of CoC Programs will include internal controls to include:

- 1) Documentation demonstrating compliance with the Single Audit Act of 1984 and OMB Circular A-133 ("Audits of State, Local Governments, and Non-Profit Organizations"). All non-Federal entities that expend \$500,000 or more of Federal awards in a year are required to obtain an annual audit in accordance with the Single Audit Act Amendments of 1996, OMB Circular A-133, the OMB Circular Compliance Supplement and Government Auditing Standards. <http://harvester.census.gov/fac>
- 2) Compliance with the Federal Procurement Management Review under the Federal Suspension and Debarment. www.gsa.gov or <http://www.gsaig.gov/index.cfm/suspension-and-debarment-listed-by-state/>
- 3) Distribution. A Recipient or Subrecipient that receives funds through this part must: Distribute the appropriate portion of the funds to a Subrecipient no later than 45 days after receiving an approvable request for such distribution from the Subrecipient; and draw down funds at least once per quarter of the program year, after eligible activities commence.

Grant & Project Changes

The Recipient nor the Subrecipient may not make any significant changes to a project without prior HUD approval, evidenced by a grant amendment signed by HUD and the Recipient. Any other minor changes to an approved grant must be fully documented in both the Recipient and Subrecipient records.

- 1) Significant changes include a change of Recipient and Subrecipient, a change of project site, additions or deletions of the types of eligible activities approved for a project, a shift of more than 10 percent from one approved eligible activity to another, a reduction in the number units, and a change in the subpopulation served.
- 2) Minor changes or program revisions that require Recipient approval before the Recipient or Subrecipient can implement the change include all budget changes, a shift in funded program activities, and any program change not referenced above.

Remedial Actions & Sanctions

The Collaborative Applicant will review the performance of each Recipient in carrying out its responsibilities. This will occur through annual on-site monitoring visits, A-133 and other financial audit reports, information generated by HUD financial and reporting systems (e.g. LOCCS and e-snaps), HMIS, the Annual Performance Report (APR) and, where applicable, relevant information pertaining to Recipient and Subrecipient performance gained from other sources, to include citizen comments, complaint determinations, and litigation. For programs that fail to meet program requirements:

- 1) The Collaborative Applicant shall notify the Subrecipient of the non-performance and/or non-compliance with CoC Program regulations, and/or citizen comments and complaints.

Howard County Continuum of Care Policies & Procedures

- 2) If the Recipient determines that a Subrecipient is not complying with a program requirement or its Subrecipient agreement; the Recipient must take action through the following process:
 - a. The Collaborative Applicant will document the Recipient or Subrecipient's non-compliance with the CoC Program regulations and request a corrective action plan designed to prevent a continuation of the deficiency, to mitigate to the extent possible, its adverse effects, and to prevent its recurrence. This report will be submitted to the Collaborative Applicant by Recipient or Subrecipient.
 - b. The Collaborative Applicant will convene the CoC Board's Evaluation and Resource Allocation Committee to review program performance and compliance to the CoC Program regulations, and present the proposed corrective actions and sanctions. The Recipient or Subrecipient may attend the meeting to support the development of a schedule with milestones necessary to implement the corrective actions. The outcome of this review will be a Management Plan that assigns responsibilities for carrying out the remedial actions and dates for evaluating activities.

On-Site Monitoring

Annually, the Collaborative Applicant will contact the CoC Project Sponsors to schedule an on-site monitoring visit and confirm the monitoring visit with a date, time and location. The CoC Program Monitoring Checklists are provided, including the COC Internal Lists and the HUD issued checklists (from 24 CFR 583). On-site monitoring visits will be coordinated, when possible, for programs that receive both CoC Program and Emergency Solution Grant (ESG) funds. The CoC DCRS Lead Agency is the County's Recipient of CoC and Grantee for ESG State Program funds, and will attempt to coordinate with Project Sponsors to accomplish monitoring on behalf of both federal funds during one on-site monitoring visit, if the agency receives both. The monitors will observe the independently funded programs according to applicable CoC Program and ESG federal regulations.

- 1) The process includes:
 - Monitors open with a pre-monitoring meeting to review the scope.
 - Monitors then document, gather and analyze all information as asked from the checklists, the Grant Agreement, and any items from operating year in review, including APRs.
 - Monitors ask the Project Sponsor if they have further comments, or would like additional information on any item.
 - After the monitoring, an exit meeting is held. This is an opportunity to review any items that may pose an issue in an official report.
 - Within 45 days receipt of all documentation, Monitors issue the Report to the Subrecipient. A 30 day period to make any corrections to concerns or findings is granted.
 - Technical assistance, including templates, guides, regulations, and meetings are offered.

Howard County Continuum of Care Policies & Procedures

Homeless Management Information Systems (HMIS) Policies & Procedures (separate document)

Coordinated System of Homeless Services (Coordinated Assessment System) Policies & Procedures (separate document)

Providing Assistance

In consultation with Recipients of Emergency Solutions Grants program funds within the geographic area, Howard County has established and follows written standards for providing Continuum of Care assistance through the Coordinated System of Homeless Services (CSHS), which includes policies and procedures for evaluating individuals' and families' eligibility for assistance, and policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional and permanent supportive housing assistance. Please see CSHS Policies & Procedures document for detailed description of the process for intake, assessment and ranking for services.

APPENDICES

APPENDIX A – CONTINUUM OF CARE, BOARD TO PROMOTE SELF-SUFFICIENCY– HOWARD COUNTY CODE

APPENDIX B – CONTINUUM OF CARE (BOARD TO PROMOTE SELF-SUFFICIENCY) OPERATING PROCEDURE

APPENDIX C – LOCAL COC MONITORING TOOLS

1-LOCAL COC MONITORING OVERVIEW

2-LOCAL COC MONITORING CHECKLIST

3-LOCAL COC ANNUAL PERFORMANCE REPORT REVIEW

APPENDIX D – EVALUATION AND RESOURCE ALLOCATION (ERA) COMMITTEE CONFIDENTIALITY AGREEMENT

APPENDIX E – SCORE CARDS AND ASSESSMENT TOOL

APPENDIX F – LEAD FORMS AND WORKSHEETS

APPENDIX G – PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME PAMPHLET

Howard County Continuum of Care Policies & Procedures

APPENDIX A – CONTINUUM OF CARE, BOARD TO PROMOTE SELF-SUFFICIENCY– HOWARD COUNTY CODE

Introduced 4/17/08
Public Hearing 4/22/08
Council Action 5/5/08
Executive Action 5/8/08
Effective Date 7/9/08

County Council Of Howard County, Maryland

2008 Legislative Session

Legislative Day No. 4

Bill No. 23 -2008

Introduced by: The Chairperson at the request of the County Executive

AN ACT establishing a Board to Promote Self-Sufficiency; providing for the membership, terms, officers, and staffing of the Board; setting forth the requirements for meetings and voting; authorizing the use of subcommittees and the adoption of certain Operating Procedures; providing for the purpose and responsibilities of the Board; providing the expiration dates of the terms of the initial members of the Board; providing for certain exceptions applicable to the Board; and generally relating to the Board to Promote Self-Sufficiency.

Introduced and read first time April 7, 2008. Ordered posted and hearing scheduled.

By order

Sheila M. Tolliver
Sheila M. Tolliver, Administrator

Having been posted and notice of time & place of hearing & title of Bill having been published according to Charter, the Bill was read for a second time at a public hearing on April 22, 2008.

By order

Sheila M. Tolliver
Sheila M. Tolliver, Administrator

This Bill was read the third time on May 5, 2008 and Passed ✓. Passed with amendments ✓, Failed .

By order

Sheila M. Tolliver
Sheila M. Tolliver, Administrator

Sealed with the County Seal and presented to the County Executive for approval this 6th day of May, 2008 at 3:00 a.m./p.m.

By order

Sheila M. Tolliver
Sheila M. Tolliver, Administrator

Approved Vetoed by the County Executive May 8, 2008

Ken Ulman
Ken Ulman, County Executive

NOTE: [[text in brackets]] indicates deletions from existing law; TEXT IN SMALL CAPITALS indicates additions to existing law; Strike-out indicates material deleted by amendment; Underlining indicates material added by amendment.

1 *Section 1. Be It Enacted by the County Council of Howard County, Maryland, that*
2 *Section 2.103 "Applicability" of Article II "Administrative Rules" of Subtitle 1*
3 *"Administrative Procedure Act" of Title 2 "Administrative Procedures" of the Howard*
4 *County Code is amended to read as follows:*

5
6 **Title 2. Administrative Procedures**

7 **Subtitle 1. Administrative Procedure Act.**

8 **Article II. Administrative Rules.**
9

10 **Section 2.103. Applicability.**

11 (a) *General:* Except as provided in subsection (b), the provisions of [this] article II shall
12 apply to and govern the adoption of rules by all county agencies which are authorized to
13 make rules. In the event of a conflict between this subtitle and a substantive provision of
14 an enabling act of an agency, the latter shall prevail.

15 (b) This article does not apply to the following agencies: The adult public guardianship
16 review board, the advisory board on consumer affairs, the board of appeals, the board of
17 library trustees, the board of license commissioners, the board of social services, the
18 cable advisory committee, the commission on aging, the fire and rescue services board,
19 the historic landmarks and sites board, the mental health advisory board, the plumbing
20 advisory board, the public works board, the recreation and parks board, the alcohol and
21 drug abuse advisory board, the commission on disability issues, the council for children
22 and youth, THE BOARD TO PROMOTE SELF-SUFFICIENCY, and the soil conservation district.
23

24 *Section 2. And Be It Further Enacted by the County Council of Howard County,*
25 *Maryland, that new Section 6.341 "Board to Promote Self-Sufficiency" is added to*
26 *Subtitle 3 "Boards and Commissions" of Title 6 "County Executive and the Executive*
27 *Branch" of the Howard County Code to read as follows:*
28

29 **Title 6. County Executive and the Executive Branch.**

30 **Subtitle 3. Boards and Commissions.**
31

1 **Section 6.341. Board to Promote Self-Sufficiency.**

2 There is a Board to Promote Self-Sufficiency. Its membership, duties, and responsibilities
3 are set forth in Subtitle 17, "Board to Promote Self-Sufficiency," of Title 12, "Health and
4 Social Services," of this Code.

5
6 *Section 3. And Be It Further Enacted by the County Council of Howard County,*
7 *Maryland, that new Subtitle 17 "Board to Promote Self-Sufficiency" is added to Title 12*
8 *"Health and Social Services" of the Howard County Code to read as follows:*

9
10 **Title 12. Health and Social Services.**

11 **Subtitle 17. Board to Promote Self-Sufficiency.**

12
13 **Section 17.100. General Provisions; Purpose.**

14 (a) *General provisions.* General provisions applicable to this Board are set forth in
15 Subtitle 3, "Boards and Commissions," of Title 6, "County Executive and the Executive
16 Branch" of this Code.

17 (b) *Purpose of the Board.* The purpose of the Board is to

- 18 (1) Support the goal of the Human Services Master Plan to build a community
19 that enables individuals and families to have adequate income and
20 resources to meet their basic needs;
21 (2) Act as the planning and coordinating mechanism for initiatives to:
22 (i) Promote the economic stability of individuals and families; and
23 (ii) Reduce the incidence of poverty in Howard County; and
24 (3) Serve as the governance body for the distribution of certain resources that
25 support initiatives of the Board.

26
27 **Section 17.101. Membership.**

28 (a) *Number of members.* The Board shall have a minimum of 20 members and a
29 maximum of 27 members.

30 (b) *Apportionment of Representation.* As practicable, the Board shall consist of a
31 majority private sector representation and a minority public sector representation.

1 (c) *Method of appointment.* Each appointed member shall be appointed by the County
2 Executive and confirmed by the County Council.

3 (d) *Qualifications of members.*

4 (1) All members shall either reside or work in Howard County.

5 (2) As practicable, the Board shall reflect the gender, geographic, ethnic, and
6 racial make up of the county.

7 (3) Ex-Officio members from the public sector shall include the following:

8 (i) The Director of the Department of Social Services, or the
9 Director's designee;

10 (ii) The Director of the Department of Citizen Services, or the
11 Director's designee;

12 (iii) The Director of the Mental Health Authority, or the Director's
13 designee;

14 (iv) The Director of the Howard County Health Department, or the
15 Director's designee;

16 (v) The Director of the Department of Housing and Community
17 Development, or the Director's designee;

18 (vi) The Director of the Department of Corrections, or the Director's
19 designee;

20 (vii) The Administrator of the Office of Workforce Development, or the
21 Administrator's designee;

22 (viii) The President of Howard Community College, or the President's
23 designee; and

24 (ix) The Superintendent of the Howard County Public School System,
25 or the Superintendent's designee.

26 (4) Ex-Officio members from the public sector may include:

27 (i) The Chief of the Department of Police, or the Chief's designee;
28 and

29 (ii) The Director of the Department of Planning and Zoning, or the
30 Director's designee.

31 (5) Appointed members from the private sector shall include:

- (i) A representative from the Community Action Council or any other federally designated anti-poverty agency;
 - (ii) A representative from Grassroots or any other homeless shelter serving both individuals and families;
 - (iii) A representative from Congregations Concerned for the Homeless or any other provider of Family Stabilization services;
 - (iv) A representative from the Association of Community Services or any other network of human services providers and advocates focused on serving families in Howard County;
 - (v) At least one individual who is, or was, homeless or a recipient of emergency, transitional, or subsidized housing services;
 - (vi) At least one individual who is, or was, a recipient of cash benefits or services, or both, to support their transition from welfare to work;
 - (vii) A representative of a business that provides entry and mid-level employment opportunities;
 - (viii) A representative of the Howard County Chamber of Commerce or any other organization whose purpose is to facilitate the success of businesses;
 - (ix) A representative of a faith-based organization;
 - (x) An individual or representative of a business that provides financial services; and
 - (xi) A representative of an organization that provides, or advocates for, transportation services.
- (6) Appointed members from the private sector may include other community members or representatives from non-profit organizations, for-profit organizations, or faith-based organizations that:
 - (i) Provide crisis intervention services;
 - (ii) Support the financial stability of individuals and families;
 - (iii) Advocate for the basic needs of County residents, or

- 1 (iv) Represent the needs of children and families, seniors, or people
2 with mental or physical disabilities.
3

4 **Section 17.102. Terms of membership.**

5 Appointed members of the Board shall serve overlapping terms of 5 years or until a
6 successor is confirmed as provided in Section 6.300 of this Code.
7

8 **Section 17.103. Responsibilities of the Board.**

9 The Board shall:

- 10 (a) Review data and analyze the nature and characteristics of poverty within Howard
11 County, barriers to, and gaps in, existing services, and best practices from other
12 jurisdictions;
13 (b) Participate in the development of a collaborative, multi-disciplinary Plan for an
14 integrated strategy that emphasizes prevention and early intervention;
15 (c) Encourage and promote services and partnerships which support the implementation
16 of the Plan, maximize the efficient use of available resources, and generate additional
17 resources;
18 (d) Support the development of an integrated approach to data collection and information
19 management;
20 (e) Evaluate the impact, effectiveness, and cost-benefit of self-sufficiency initiatives;
21 (f) If requested by a County Agency, make recommendations to a County Agency on
22 the use and distribution of Federal, State, or Local funds for crisis intervention, financial
23 literacy, crisis prevention, and self-sufficiency activities including, but not limited to,
24 funds received under the Stewart B. McKinney-Vento Homelessness Assistance Act;
25 (g) Act as a County advocate for issues related to poverty, financial literacy and self-
26 sufficiency, and undertake activities which will educate and increase public awareness of
27 these issues;
28 (h) By December 1 of each year, submit a report to the County Executive and County
29 Council describing achievements for the previous fiscal year, and providing
30 recommendations regarding policies, legislation, and funding strategies deemed
31 necessary to accomplish the responsibilities and duties established by this section; and

1 (i) At the directive of the County Executive, or by resolution of the County Council,
2 review and make recommendations on any matter related to issues of poverty or
3 economic self-sufficiency in Howard County.
4

5 **Section 17.104. Officers.**

6 (a) *Election of Officers.* The Board shall elect a Chairperson and a Vice-Chairperson
7 from among its members to serve as the Board's Officers as follows:

8 (1) One Officer shall be from the public sector; and

9 (2) One Officer shall be from the private sector.

10 (b) *Vacancy.* If there is a vacancy during the term of an Officer, the Board shall elect an
11 officer to fill the remainder of the term.
12

13 **Section 17.105. Meetings; voting.**

14 (a) *Number and Place.* The Board shall meet at least quarterly at the times and places it
15 determines. The Board may meet more often for special meetings at the call of the
16 chairperson with ten days notice to members.

17 (b) *Board Meetings Are Public.* All meetings of the Board are open to the public except:

18 (1) When funding decisions are being made; or

19 (2) When a meeting is closed as authorized under federal, state, or local law.

20 (c) *Voting.*

21 (1) All members of the Board are voting members.

22 (2) A simple majority of current members shall constitute a quorum.

23 (3) Action may be taken by the Board upon a vote of a simple majority of the
24 members present at a meeting at which there is a quorum.
25

26 **Section 17.106. Committees; Operating Procedures; Staffing.**

27 (a) *Authority to establish committees.* The Board may establish committees and
28 subcommittees as it deems necessary to carry out its purpose and responsibilities.

29 (b) *Authority to establish operating procedures.* The Board shall adopt operating
30 procedures that set forth:

31 (1) Committee responsibilities;

1 (2) General operations of the Board; and

2 (3) Terms and term limits for officers.

3 (c) *Delegation of authority.* The Board may delegate certain decision-making authority
4 to a committee as deemed necessary to meet the committee's assigned responsibilities.

5 (d) *Committee membership.* A committee may include members of the community in
6 addition to members of the Board but the chairperson of the committee shall be a member
7 of the Board.

8 (e) *Department of Citizen Services.* The Department of Citizen Services shall provide
9 staffing for the Board.

10
11 ***Section 4. And Be It Further Enacted by the County Council of Howard County,***
12 ***Maryland, that the terms of the initial members of the Board shall expire as follows:***

13 (1) *At least 3 members in 2009;*

14 (2) *At least 4 members in 2010;*

15 (3) *At least 5 members in 2011; and*

16 (4) *At least 5 members in 2012.*

17
18 ***Section 5. And Be It Further Enacted by the County Council of Howard County,***
19 ***Maryland, that this Act shall become effective 61 days after its enactment***

Howard County Continuum of Care Policies & Procedures

APPENDIX B – CONTINUUM OF CARE (BOARD TO PROMOTE SELF-SUFFICIENCY) OPERATING PROCEDURE

Howard County Board to Promote Self-Sufficiency Operating Procedures

General/Purpose

The purpose of the Board to Promote Self-Sufficiency (the Board) shall be to 1) act as the planning and coordinating mechanism for initiatives to promote the economic stability of individuals and families and reduce the incidence of poverty in Howard County, and 2) serve as the governance body for the distribution of certain resources that support initiatives of the Board.

A listing of the Board's responsibilities is included in Section 12.1703 of the Howard County Code.

Membership

Composition

The Board shall consist of a minimum of twenty members and a maximum of twenty-seven members. To the extent possible, the majority of members shall be from the private sector and a minority from the public sector. Qualifications for membership are detailed in Section 12.1701 of the Howard County Code.

The Department of Citizen Services shall designate a staff person to serve as the Executive Secretary to the Board.

Responsibilities of Members

- Attend meetings, or notify the Chair or Executive Secretary in advance if they will be absent.
- Arrive at meetings on time prepared for discussion, bringing printed copies of any materials distributed in advance of the meeting.
- Serve on at least one committee or workgroup of the Board

Resignation or Removal

A member of the Board who wishes to resign shall submit a written letter of resignation to the County Executive, County Council, and the Executive Secretary of the Board.

In accordance with Section 903 of the Howard County Charter:

- A member of the Board is deemed to have resigned if absent from three consecutive meetings of the Board and not excused by resolution of the Board. The Chair (or Vice-Chair, if it is the Chair who has been absent) shall notify the County Executive in writing when this occurs.
- A member may be removed by the County Executive for incompetence, misconduct, or failure to perform the duties of the position.

Officers

The officers of the Board shall consist of a Chair and Vice-Chair. One officer shall be from the private sector, and one officer shall be from the public sector.

The term of office for Chair and Vice-Chair shall be one year, from July 1 through June 30. A Board member may serve no more than two consecutive terms as Chair or Vice-Chair.

Responsibilities of Officers

The Chair shall:

- Preside over all meetings of the Board;
- Call additional meetings, as needed;
- Appoint the Chair for committees of the Board, with the consent of the Board;
- Serve as the Board's representative to the County Executive and County Council; and
- Ensure that the Board is acting in such a manner that supports its mission and conforms to these operating procedures.

The Vice-Chair shall carry out the duties of the Chair in the Chair's absence, and perform such other duties as the Chair or Board may require.

Election

A nominating committee shall be appointed by the Chair at least one month prior to the June Board meeting. The nominating committee shall consist of three members, and shall include both public and private representatives.

The nominating committee shall present its recommendations for Chair and Vice-Chair at the June Board meeting for a vote. Members of the Board may also make nominations from the floor.

If a vacancy occurs in the position of either officer, the Board will hold a special election to fill the vacancy.

Meetings of the Board

Frequency: The Board shall meet at least quarterly. Additional meetings of the Board may be called by the Chair when necessary to conduct the business of the Board, or at the request of a majority of the members, with ten business days notice to all members and the Executive Secretary.

Annual meeting: The annual meeting of the Board shall take place in June and shall be considered a regular meeting. The business of the annual meeting shall include election of officers and a review of the activities of the Board during the fiscal year ending that month.

Quorum: A quorum shall be a simple majority of the current membership.

Voting:

- A simple majority of the members present at the meeting is required to pass a vote.
- Only Board members have voice and vote.
- A representative attending a Board meeting on behalf of an absent member has voice but not vote.
- The Executive Secretary has voice but not vote.
- Members of Board committees, who are not members of the Board, have voice only.
- Members of the public shall have voice at the discretion of the Chair.
- The Chair will vote only in the case of a tie.

Minutes: Minutes of all Board meetings will be recorded and distributed to all members.

Open Meetings Law: Meetings are subject to the Open Meetings Act. This requires that 1) meetings must be open to the public; 2) notice of meetings must be provided, and 3) written minutes of meetings must be prepared, and maintained for a minimum of one year.

Protocol: Meetings shall be conducted according to the latest edition of Roberts Rules of Order, Newly Revised.

Committees

The Board may establish such committees and sub-committees as it deems necessary to carry out its purpose and responsibilities, and may delegate certain decision-making authority to a committee as deemed necessary to meet the committee's assigned responsibilities.

The purpose, function and decision-making authority of each committee shall be defined at the time it is established by the Board. The Board shall, on an annual basis, review its committee structure and may amend the number and purpose of its committees if deemed necessary to advance the goals of the Board.

If the Board delegates decision-making authority to a committee, the Open Meetings Law applies to the committee, and 1) the committee's meetings must be open to the public; 2) notice of the committee's meetings must be provided, and 3) written minutes of the committee's meetings must be prepared and maintained for a minimum of one year. (See page 3 of the Open Meetings Act Manual, 6th Edition, October 2006).

Membership of a committee shall include both members of the Board and the community, but the Chair of each committee shall be a member of the Board.

Committees shall submit a quarterly work plan for review by the Board, and regular updates on its work.

The Committee Chair shall:

- call the meetings of the committee,
- chair the meetings,

- delegate tasks among members as needed to accomplish the function of the committee, and
- bring committee recommendations to the Board for discussion and vote.

The Chair and Vice-Chair of the Board shall be ex officio members of each committee.

Annual Report

The Board shall submit an annual report of its activities to the County Executive and County Council by December 1 of each year.


Conflict of Interest

Members of the Board shall be subject to the Howard County Public Ethics Law. A member of the Board shall declare the member's interest in any matter before the Board. If there is any interest to a private sector member in a matter before the Board, the member may not participate in discussions or vote on the matter.

Amendments to the Operating Procedures

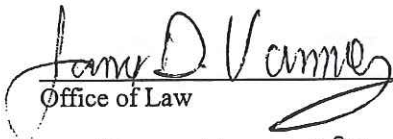
- Any proposed amendments to these Operating Procedures must be presented in writing at a Board meeting.
- The vote on the proposed amendment will be taken at the following Board meeting.
- A 2/3 vote is required to pass the amendment.
- The proposed amendment to the Operating Rules will become effective immediately after the close of the meeting at which the amendment is adopted.

Adopted by Board:


Signature of Board Chair

4-23-2009
Date

Reviewed for legal sufficiency:


Office of Law

May 11, 2008
Date

Approved, 04/23/09

Howard County Continuum of Care Policies & Procedures

APPENDIX C – LOCAL COC MONITORING TOOLS

Howard County Continuum of Care Policies & Procedures

C-1-LOCAL COC MONITORING OVERVIEW

HUD Grant Project Number:

Project Title:

Date:

Performed by:

Title:

CoC Number:

Phone:

Email:

Monitoring the CoC Program project of:

Recipient Agency: ☐

Subrecipient Agency: ☐

Agency Point of Contact:

Agency Alternate:

Agency Phone:

Howard County Continuum of Care Policies & Procedures

C-2-LOCAL COC MONITORING CHECKLIST

HUD Grant Project Number: _____

Project Title: _____ Date: _____

GENERAL RECORD-KEEPING	YES	NO	N/A
A. Are all records regarding the project (outside of financial records) centrally located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Do these records contain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. CoC Program Grant Agreement with Federal Register HEARTH Act Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Grant Agreement Amendments and Budget Revisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Award Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Certificate of Liability Insurance (attach copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Declaration of Restrictive Covenant, Trust Deed and Promissory Note (Acquisition, Construction & Rehab only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. General correspondence relating to project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Did the agency accrue any costs to the CoC Program grant prior to Award Letter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Does the agency subcontract for any services under the CoC Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Is the approval to subcontract on file? (attach copy of subcontract)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are Grant Agreement requirements passed along to subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Does the agency have a record retention policy compliant with 24 CFR Part 578.103(17)? [CoC program records 5 years and acquisition/construction/rehab 15 years] (attach copy of policy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Are homeless or formerly homeless persons participating on board of directors or other equivalent policy-making entity of the agency? (24 CFR 578.75(q)) (attach copy of members of the policy-making entity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Does the agency Affirmatively Further Fair Housing as documented by their marketing, outreach, and other materials used to inform eligible persons of the program to document compliance with the requirements in 24 CFR 578.93(c)? (attach any outreach material used)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Howard County Continuum of Care Policies & Procedures

<i>GENERAL RECORD-KEEPING</i>	YES	NO	N/A
<i>H. In addition to meeting the specific confidentiality and security requirements for HMIS data, does the agency have a policy on client confidentiality or a filing system to safeguard client confidentiality? [24 CFR 578.103(b)1. (attach copy of policy)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I. Is HMIS Privacy Posting displayed? Does agency staff provide a copy of the Privacy Notice to consumers?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>J. Does the agency retain documentation of compliance with the Housing Standards in 24 CFR 578.75(b), including inspection reports?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>K. Does the agency retain documentation of compliance with the faith-based activities requirements under 24 CFR 578.87(b)?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>L. Does the agency retain documentation of compliance with the Transparency Act Reporting under the Office of Management and Budget (OMB) Circulars 24 CFR Part 84 and 85 Administrative Requirements for Grants and Agreements, Circular A-133 Single Audit, and other federal requirements in compliance with 24 CFR 578.99?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>M. Does the agency retain documentation of compliance with Lead-based Paint Poisoning Prevention Act 42.U.S.C. 4821-4846.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>N. Davis-Bacon Act - The provisions of the Davis-Bacon Act do not apply to this program (24 CFR 578.99(h))</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>O. Has the agency established policies and practices that are consistent with, and do not restrict, the exercise of rights provided by subtitle B of title VII of the Act and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness? (attach copy of policy)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>P. Has the agency designated a staff person to be responsible for ensuring that children being served in the program are enrolled in school and connected to appropriate services in the community? Name: _____</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Q. Is the agency, its officers, or any employees debarred or suspended from doing business with the Federal Government?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>R. Does the agency use the coordinated assessment system established by the Continuum of Care as set forth in § 578.7(a)(8)?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>S. Does the agency follow the written standards for providing Continuum of Care assistance developed by the Continuum of Care, specifically the Coordinated System of Homeless Services policies and procedures, which include the minimum requirements set forth in § 578.7(a)(9), related to program participant placements?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Howard County Continuum of Care Policies & Procedures

<i>GENERAL RECORD-KEEPING</i>	YES	NO	N/A
<i>T. Has the agency adopted internal written standards for providing Continuum of Care assistance, in accordance with those developed by the Continuum of Care, specifically according to the Coordinated System of Homeless Services policies and procedures? (attach copy of policy)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>U. Has the agency adopted a policy on termination of program participants, including a formal process that recognizes the rights of individuals receiving assistance under the due process of law, including but not limited to grievance procedures? (attach copy of policy)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Comments:			

Howard County Continuum of Care Policies & Procedures

FINANCIAL RECORDS	YES	NO	N/A
<i>A. Are all project financial records centrally located?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>B. Does the agency financial management system provide evidence that there are controls in place to account for all funds, property, and other assets?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>C. Does the agency financial system have separate account numbers for each project activity? Does the separate account number identify project costs on a line item basis?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>D. Are the agency's incurred grant costs consistent with the eligible costs awarded to agency within each program component?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>E. Does the agency compare budgeted line item costs against incurred costs in order to identify over/under spending on a line item basis so that adjustments can be made in a timely fashion?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>F. Are expenditures supported by timesheets, invoices, contracts, purchase orders, etc.? Note: Timesheets must be signed by the employee and his/her supervisor.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>G. Are direct salaries and wages of employees that are chargeable to a particular grant program or more than one grant program supported by time distribution records?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>H. Does the agency provide no less than 25% monthly in funds or in-kind contributions from other sources as match for HUD-funded grant funds, except for leasing? (24 CFR Part 578.73)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I. Before grant execution, did the agency provide third party documentation (e.g. MOU) between the agency and any third party that will provide the services? (24 CFR 578.73(c)(3)) Note: Agency will provide for inspection the records documenting the service hours provided.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>J. Does the agency prepare and submit monthly, or at a minimum quarterly, reimbursement reports and invoices?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>K. Does agency understand that project records need to be retained for a minimum of five (5) years after close-out of the grant or clearance of any audit findings, and 15 years after close-out of a grant that funds acquisition, construction or rehabilitation activities?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>L. Has the agency been audited by independent auditors? If yes, were there any findings that the Recipient is required to resolve? (attach copy of most recent completed audit)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Howard County Continuum of Care Policies & Procedures

<i>FINANCIAL RECORDS</i>	YES	NO	N/A
<i>M. Is the agency currently registered with the System for Awards Management (SAM) to do business with the federal government?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>N. Has any program income been generated through any CoC Program-funded activities? (24 CFR Part 578.103(a)(6))</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>O. If program income <u>has</u> been generated, has the agency reported the income generated through the use of the CoC Program funds?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>P. If program income has been generated, has the program income been disbursed only for eligible Coe Program activities?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Q. Has the agency expended program income to pay program costs prior to making further HUD-fund cash withdrawals?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>R. Is the agency in compliance with OMB Circular A-122, Cost Principles for Non-Profit Organizations, which outlines the project costs that are and are not eligible for payment with federal funds; OMB Circular A-87 Cost Principles for State, Local and Indian Tribal Governments, and 24 CFR Part 84, Uniform Administrative Requirements for Grants and Agreements with Institutions of High Education, Hospitals, and Other Non-Profit Organizations, except where inconsistent with the provisions of this part?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Howard County Continuum of Care Policies & Procedures

PROGRAM PARTICIPANT FILE RECORDKEEPING	YES	NO	N/A
<i>Complete this checklist for each Program Participant file reviewed.</i>			
A. Are all records regarding the program participant centrally located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Do these records contain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Documentation that program participant has been screened via centralized assessment system and determined eligible for CoC Program assistance? (CSHS forms, Review Panel Process followed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Documentation for verification of homeless status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are program participants coming from the target population identified in the grant application; e.g. disability, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the file include verification of the participant's disability? [For Permanent Supportive Housing]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Documentation for all sources of income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Summary of steps taken to verify that the participant does not receive other subsidies for rent, utilities, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Documentation of search in HMIS for duplicative services AND prior rental/utility assistance to ensure maximum number of payments are not exceeded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the file contain documentation of total adjusted income and rent calculation? Annual re-certification? (including HMIS Interim Assessment.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Evidence that Race and Ethnicity data is tracked according to federal reporting requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Documentation supporting that if CoC Program assistance has ended, that the household is no longer in need of services, and household has been exited out of HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documentation for termination if the participant has been terminated from the program, evidenced by following the termination policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Lease between the program participant and landlord?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Howard County Continuum of Care Policies & Procedures

<i>C. Documentation that the case manager has met with the household at least monthly during their program enrollment period to develop individual service plan. Do these records include:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Program intake/eligibility documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identification, including birth certificate, social security card, driver license, or passport?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. HMIS Consent to Release Information Form signed by both client and staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a completed HMIS Entry/Exit form in the file? Is exiting data completed if the case is closed? Are there Interim Assessments completed for Annual Reviews?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Evidence of referrals to mainstream resources, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If Yes, which ones? _____			
b. If No, why not? _____			
6. Copy of household budget and budget goals, including housing stability plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are the most recent income Fair Market Rent and Rent Reasonableness guidelines being used? Are they on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. For transitional housing, do the entry-exit dates exceed the 24-month limitation of stay? Does the file explain the need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Completed Housing Quality Standards (HQS) Inspection (24 CFR 578.75(b)) <i>Note: Initial HQS inspection plus annual inspections. CoC Program rent assistance requires HQS inspection</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Lead-Paint Visual Assessment Forms and Worksheets as applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Program Participant HMIS Unique ID#: _____</i>			
Notes/Comments:			

Howard County Continuum of Care Policies & Procedures

C-3-LOCAL COC ANNUAL PERFORMANCE REPORT REVIEW

HUD Grant Project Number: _____

Project Title: _____ Date: _____

This section will monitor the performance outcomes and deficiencies of the HUD-funded project using the most recent Annual Performance Report (APR) submitted. The review will occur during the on-site monitoring visit between the Collaborative Applicant and the Agency Program Manager or his/her designee.

Annual Performance Report grant period _____ - _____	YES	NO	N/A
1. Did the agency and Recipient complete and submit documentation in support of the Annual Performance Report (APR) within 90-days following the grant term? If not, why?			
2. Are the number of participants being served and units filled consistent with the number targeted in the grant application? If not, explain why.			
3. How many participants moved to permanent housing during a 12-month period? Does this meet the goal established in the grant application? If not, what actions are being taken to improve this outcome?			
4. How many adult participants improved their earned income through employment by program exit? Does this meet the goal established in the grant application? If not, what actions are being taken to improve this outcome?			
5. How many adult participants improved their non-cash income through mainstream resources? Does this meet the goal established in the grant application? If not, what actions are being taken to connect participants to mainstream resources?			
6. Do participants exit the program with greater self-determination and stable housing? (SSOM) If not, what programmatic changes or resources would improve the self-determination and self-sufficiency of program participants?			
7. Was the program serving the number of units during the grant period as stated in the HUD Project Application?			

Howard County Continuum of Care Policies & Procedures

APPENDIX D – EVALUATION AND RESOURCE ALLOCATION (ERA) COMMITTEE CONFIDENTIALITY AGREEMENT

Howard County Board to Promote Self Sufficiency

Evaluation and Resource Allocation (ERA) Committee

Confidentiality Agreement

As a member of the Howard County Evaluation and Resource Allocation (ERA) Committee, which is responsible for evaluating grant applications, reports, and making grant award recommendations on behalf of the Howard County Board to Promote Self Sufficiency, I agree to:

1. Keep confidential all information regarding grant applications, awards, reports and any recommendations, including all discussions points.
2. Not reveal any evaluation discussions, grant award recommendations, or reallocation decisions prior to the announcement of those decisions.

If I have questions about whether a particular type of information is confidential, I agree to consult the Chair or the CoC Manager before discussing with or revealing the information to anyone except members of the ERA Committee. I understand that accessing or releasing confidential information and/or records, or causing confidential information and/or records to be accessed or released, by myself, other individuals, clients, relatives, etc., outside the scope of my assigned role/duties constitute a violation of this agreement.

I further agree that it is my responsibility to ensure the confidentiality of all information which has been issued to me in confidence, even after my access has ended. Pursuant to this agreement, I certify that I have read and understand my obligations and responsibilities in connection with protecting confidential information and/or records, including grant applications, awards, reports and any recommendations, including all discussions points. I agree to fully indemnify and hold harmless the County from any unauthorized use, improper use, or misuse of the information, or any violation of law arising out of or in connection with the acts or omissions of information presented as a result of my role in the Committee.

This Agreement and my obligations under it shall be binding.

[Individual's Signature]

Date

Stan Levi, ERA Committee Chair

Date

Howard County Continuum of Care Policies & Procedures

APPENDIX E – SCORE CARDS AND ASSESSMENT TOOL

Howard County Continuum of Care Policies & Procedures

Howard County Continuum of Care Project Applicant Performance Score Card: Renewals

Overview

Annually, every CoC funded program is ranked and tiered per HUD guidance. This Score Card's purpose is to ensure that HUD funded programs are providing the highest quality housing and services and that the programs are focused on achieving outcomes to end homelessness.

Overall Program Performance

To provide both project-specific outcome information and CoC-wide contributions, each CoC-funded program will be evaluated based on data entered into HMIS, the HUD Annual Performance Report (APR), and Project Applications submitted. The APR scoring criteria assess outcomes that directly relate to goals set by the HEARTH Act including reducing the length of homelessness, reducing returns to homelessness and increasing income.

NOTES

1. All criteria are scored based on materials submitted by the submission deadline, ie: APR due dates, etc.
2. The Capacity Assessment will be incorporated into the Performance Score Card results.
3. **Time frame selected** will be the most recently completed grant year or the last fiscal year, whichever ended *sooner*.

Project Name _____ Type of Program PSH or RRH _____
 Contact Person _____ Date _____
 E-mail _____ Phone _____

	Criteria	Standard (Source)	Max. Points	Scoring/Scaling	Response	Points
0	Project eligibility	<u>Meets Project Threshold</u> See HUD Project Renewal Threshold narrative printed at the end of this score card. Mark each criterion pass, fail or in process.	11	Pass/Fail/IP 1a Pass/Fail/IP 2a Pass/Fail/IP 1b Pass/Fail/IP 2b Pass/Fail/IP 1c Pass/Fail/IP 2c Pass/Fail/IP 1d Pass/Fail/IP 2d Pass/Fail/IP 2e Pass/Fail/IP 2f Pass/Fail/IP 2g 1 point for each "Pass" .5 point for each "In Process" 0 point for each "Fail"	See criteria on last page	

Howard County Continuum of Care Policies & Procedures

	Criteria	Standard (Source)	Max. Points	Scoring/Scaling	Response	Points
1	Utilization Rate. Is the utilization rate at or above 85%?	Yes APR (Use average number of persons served each night found on Q8 of the APR and divide by the number of beds)	5	95-100% = 5 points 90-94% = 3 points 85-89% = 1 point Below 85% = 0 points $(A / B = C)$	____% A. ____ Average number persons B. ____ Funded Beds C. ____ %	
1b	Utilization Rate. (Units)	Compare the number of units funded and number of units occupied	0	Information Purposes Only	____ # Units Funded in Application ____ # Units Occupied per APR (Households)	N/A
2	Housing Stability. Is the recidivism rate (returns to ES or TH projects after exit) of persons <u>who exited to permanent housing</u> below 20%?	Yes Use Question 36a. of the APR (for Housing Stability Measure 1)	5	<u>5 points</u> for 0-15% recidivism <u>3 points</u> for 16-20% recidivism <u>0 points</u> for over 20% $(B / A = C)$	A. ____ Actual # of persons in the program for whom the measure is appropriate B. ____ Actual # of persons who accomplished this measure C. ____ Actual % of persons who accomplished this measure	
3	Destination upon Program Exit. What percentage of persons served exit to permanent housing destinations or retain permanent housing?	<u>Use (a) for RRH</u> <u>Or Use (b) for PSH</u> a. Indicate the number of persons in CoC funded rapid re-housing, RRH project types who exited between July 1, 2015 and June 30, 2016. Of the persons who exited, how many of those exited to permanent destinations? Or b. Indicate the number of persons in PSH project between July 1, 2015 and June 30, 2016 (Universe). Of the persons in the Universe, how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	4	<u>5a</u> 4 points for 93-100% 2 points for 80-92% 0 points for below 80% $(A / B = C)$ <u>5b</u> 4 points for 91-100% 2 points for 80-90% 0 points for below 80% $(B + C / A = D)$	<u>5a – RRH</u> A. ____ # persons who exited B. ____ # who exited to permanent destinations C. ____ % Successful Exits Or <u>5b – PSH</u> A. ____ # persons in PSH (Universe) B. ____ # persons who remained in PSH C. ____ # who exited to permanent destinations D. ____ % Successful Exits/ Remains	

Howard County Continuum of Care Policies & Procedures

	Criteria	Standard (Source)	Max. Points	Scoring/Scaling	Response	Points
4	<p>Increasing participant income. For RRH, did at least 35% of adults served (stayers and leavers) increase their overall income?</p> <p>For PSH, because of the severity of needs of participants in PSH projects, this measure is <u>35% of all participants either maintaining or increasing their overall income.</u></p>	<p><u>APR Q24.b.3.</u></p> <p>Divide ‘Adults Any Income’ who increased and gained \$ total by the ‘Total Adults’ (which includes leavers and stayers).</p> <p>For PSH only, include maintained & increased</p>	5	<p><u>5 points</u> At least 35% increased or maintained income <u>3 points</u> 30-34% increased or maintained income <u>2 points</u> 25-29% increased or maintained income <u>1 point</u> 20-24% increased or maintained income <u>0 points</u> Less than 20 increased or maintained income (A + B / C = D)</p>	<p>Using Adults Any Income row: A. ____ # maintained and/or increased (PSH only) B. ____ # did not have income at entry and gained at follow-up/Exit C. ____ Total Adults D. ____ % increasing overall income</p>	
5	<p>Connecting program participants to mainstream benefits. Did at least 56% of adults served (current and leavers) increase or maintain their number of mainstream benefits being received?</p>	<p><u>APR Q26a2. (Leavers) & Q26b2. (Stayers), Total APR Q7.</u></p> <p>Use Total column to divide ‘Leavers & Stayers with 1+ Mainstream Benefits by the ‘Total’</p>	3	<p><u>3 points</u> Yes, at least 56% maintained or increased mainstream benefits <u>2 points</u> 45-55% maintained or increased mainstream benefits <u>1 point</u> 33-44% maintained or increased mainstream benefits <u>0 points</u> Less than 33% maintained or increased mainstream benefits (A + B / C = D)</p>	<p>Using Adults Maintained or Increased Mainstream Benefits A. ____ # Leavers with 1+ Mainstream Benefits B. ____ # Stayers with 1+ Mainstream Benefits C. ____ # Total D. ____ % Connected</p>	
6	<p>Ending Chronic Homelessness. Were the total number of PSH beds identified as dedicated/ prioritized for use by CH persons on the 2016 HIC <u>greater than or equal to</u> those identified on the 2015 HIC?</p>	<p><u>Yes, for PSH projects</u></p> <p>If “No” is answered, please attach a written explanation.</p>	4	<p><i>For PSH projects</i> <u>4 points</u> Yes <u>0 points</u> No</p>	<p>____ # 2016 CH beds ____ # 2015 CH beds</p>	

Howard County Continuum of Care Policies & Procedures

	Criteria	Standard (Source)	Max. Points	Scoring/Scaling	Response	Points
7	Ending Homelessness among Households with Children & Ending Youth Homelessness. Were more households served using RRH from 2015 to 2016?	Yes, for RRH projects Use two prior APRs for comparison of RRH households served	1	<i>For RRH projects</i> <u>1 points</u> Yes <u>0 points</u> No	____ # 2016 RRH households served ____ # 2015 RRH households served	
8	Ending Veterans Homelessness. Did you project serve any veterans during the prior APR year?	List number of veterans served per APR.	0	Not scored. Please list number of veterans served (as reported per APR).	This metric is not scored but will be used for data collection relevant to Planning. ____ # Veterans (total persons in all households)	N/A
9	Data Quality. Is the project reporting high-quality data to HMIS?	<u>Yes</u> Use time period of July 1, 2015 - June 30, 2016	4	<u>2 points</u> Number of unduplicated client records with <i>null or missing values</i> for the Universal Data Elements is below 10%. + <u>2 points</u> Number of unduplicated client records <i>with refused or unknown values</i> for the Universal Data Elements is below 10%.		
10	Participant Eligibility / Additional Policies. Does the PSH, RRH project operate using a “low barrier” model?	Does the 2016 project applicant reflect “Low Barrier” Designation? IE: Does the project accept program participants regardless of their income, current or past substance use, and criminal records—with the exceptions of restrictions imposed by federal, state or local law or ordinance, and history of domestic violence? If “No” attach written explanation.	4	4 = Yes 0 = No	Does the project use a low barrier standard?	

Howard County Continuum of Care Policies & Procedures

	Criteria	Standard (Source)	Max. Points	Scoring/Scaling	Response	Points
11	Participant Eligibility / Additional Policies. Does the PSH, RRH project operate using a “Housing First” approach?	Does the 2016 project applicant reflect “Housing First” tenets? Per 2016 NOFA, “Housing First” approach means the project uses a Low Barrier model, has no service participation requirements or preconditions to entry and prioritizes rapid placement and stabilization in permanent housing. If “No”, attach a written explanation.	4	4 = Yes 0 = No	Does the project fully use Housing First?	
12	Coordinated Entry: Does the project fully participate in Coordinated System of Homeless Services (CSHS)? (PSH, RRH)	Does the project fully participate in the coordinated system of homeless services, including providing clients referrals to partner agencies, receiving clients through the Review Panel (CSHS only), and regular participation in the Committees and Workgroups on homeless services?	6	<u>2 points:</u> Project regularly provides referrals to CSHS Partner Agencies <u>2 points:</u> Project receives clients from the CSHS through the Review Panel <u>2 points:</u> Project regularly participates in Committees and Workgroups on homeless services through the CoC (75% participation is regular)	<u>Detail your project’s participation in the Coordinated System of Homeless Services and CoC. (Information will be confirmed by CoC Manager)</u>	
	PERFORMANCE TOTALS PSH maximum=55 RRH maximum=52		55 PSH and 52 RRH			
	TOTAL					

Howard County Continuum of Care Policies & Procedures

Howard County Continuum of Care Project Applicant Performance Score Card: Renewals

Project Renewal Threshold. A CoC must consider the need to continue funding for projects expiring in CY 2017. Renewal projects must meet minimum project eligibility, capacity, timeliness, and performance standards identified in this NOFA or they will be rejected from consideration for funding. See below for pass/fail elements as will be used for assessment that HUD will use to assess each Project during this competition.

(1) When considering renewal projects for award, HUD will review information in LOCCS; Annual Performance Reports (APRs); and information provided from the local HUD CPD Field Office, including monitoring reports and A-133 audit reports as applicable, and performance standards on prior grants, and will assess projects using the following criteria:

(Note: For Howard County review process, the “in process” selection will be added to indicate the project is working towards meeting the standard)

- (a)** Whether the project applicant’s performance met the plans and goals established in the initial application as amended; Pass or Fail or In Process;
- (b)** Whether the project applicant demonstrated all timeliness standards for grants being renewed, including that standards for the expenditure of grant funds have been met; Pass or Fail or In Process;
- (c)** The project applicant’s performance in assisting program participants to achieve and maintain independent living and record of success, except HMIS-dedicated projects are not required to meet this standard; Pass or Fail or In Process;
- (d)** Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site. Pass or Fail or In Process;

(2) HUD reserves the right to reduce or reject a funding request from the project applicant for the following reasons:

- (a)** Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon; Pass or Fail or In Process;
- (b)** Audit finding(s) for which a response is overdue or unsatisfactory; Pass or Fail or In Process;
- (c)** History of inadequate financial management accounting practices; Pass or Fail or In Process;
- (d)** Evidence of untimely expenditures on prior award; Pass or Fail or In Process;
- (e)** History of other major capacity issues that have significantly affected the operation of the project and its performance; Pass or Fail or In Process;
- (f)** History of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly; Pass or Fail or In Process; and
- (g)** History of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes. Pass or Fail or In Process.

Score Card adapted from: <http://www.endhomelessnesstoday.org/Task-Forces-and-Current-Initiatives.html>

Howard County Continuum of Care Policies & Procedures

APPENDIX F – LEAD FORMS AND WORKSHEETS

About this Tool

The following checklist provides an overview of common documents that can be used to verify compliance with the Lead-Based Paint Poisoning Prevention Act. Note that this checklist does not cover all of the documentation that providers would want to include in all instances. For example, additional documentation may be required if the property is found to meet exemptions listed under Part 2 of the Lead Screening Worksheet. This tool was adapted from

<http://www.dca.ga.gov/housing/specialneeds/programs/documents/handbookforemergencyolutionsg-rantpdf-adobeacrobatpro.pdf>

DOCUMENT NAME	PURPOSE
Application	Application Documents age of children
Screenshot of property record from online tax database	Documents age of property
Lead Screening Worksheet	Documents exemptions (additional documentation will vary based on exemption)
Lead-Based Paint Visual Assessment Certification	Documents that a visual assessment was conducted and problems with paint surfaces were not identified
Owner Certification (if applicable)	Documents owner certification that any identified problems with paint surfaces have been repaired and that safe work practices were followed, as applicable
Clearance Report (if applicable)	Documents that unit passed clearance
Documentation of ongoing maintenance activities: <ul style="list-style-type: none">• Visual Assessment Certification Forms• Clearance report from each maintenance job involving painted surfaces above the de minimis threshold• Notice of lead hazard reduction for each maintenance job involving painted surfaces	Documents that a visual assessment is performed at least annually during the assistance period and that any deteriorated paint was appropriately addressed (including clearance and notice of lead hazard reduction)
Documentation of response to EIBLL child: <ul style="list-style-type: none">• Copies of risk assessment• Abatement or clearance report• Relocation documents• Correspondence with health department	Documents that if an EIBLL child was identified in the unit, the situation was addressed in accordance with the Lead Safe Housing Rule.

Howard County Continuum of Care Policies & Procedures

APPENDIX F – LEAD FORMS AND WORKSHEETS

Lead Screening Worksheets

About this Tool

The Lead Screening Worksheet is intended to guide CoC programs through the lead-based paint inspection process to ensure compliance with the Rule. CoC Program staff can use this worksheet to document any exemptions that may apply, whether any potential hazards have been identified, and if safe work practices and clearance are required and used. A copy of the completed worksheet along with any additional documentation should be kept in each program participant's case file.

INSTRUCTIONS

To prevent lead-poisoning in young children, the CoC Program must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, K, M, and R. Under certain circumstances, a visual assessment of the unit is not required. This screening worksheet will help CoC Program staff determine whether a unit is subject to a visual assessment, and if so, how to proceed. A copy of the completed worksheet along with any related documentation should be kept in each program participant's file. **Note:** ALL pre-1978 properties are subject to the disclosure requirements outlined in 24 CFR 35, Part A, regardless of whether they are exempt from the visual assessment requirements.

BASIC INFORMATION

Name of Participant: _____

Street Address: _____ City: _____ State: _____ Zip: _____

CoC Program Staff Name and Title: _____

PART 1: DETERMINE WHETHER THE UNIT IS SUBJECT TO A VISUAL ASSESSMENT

If the answer to one or both of the following questions is 'No,' a visual assessment is **not** triggered for this unit and no further action is required at this time. Place this screening worksheet and related documentation in the program participant's file. If the answer to both of these questions is 'Yes,' then a visual assessment **is** triggered for this unit and program staff should continue to Part 2.

1. Was the leased property constructed before 1978?

___ Yes ___ No

2. Will a child under the age of six be living in the unit occupied by the household receiving CoC assistance?

___ Yes ___ No

Howard County Continuum of Care Policies & Procedures

APPENDIX F – LEAD FORMS AND WORKSHEETS

PART 2: DOCUMENT ADDITIONAL EXEMPTIONS

If the answer to any of the following questions is 'Yes,' the property is exempt from the visual assessment requirement and no further action is needed at this point. Place this screening sheet and supporting documentation for each exemption in the program participant's file. If the answer to all of these questions is 'No,' then continue to Part 3 to determine whether deteriorated paint is present.

1. Is it a zero-bedroom or SRO-sized unit?

☐ Yes ☐ No

2. Has X-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint?

☐ Yes ☐ No

3. Has this property had all lead-based paint identified and removed in accordance with HUD regulations?

☐ Yes ☐ No

4. Is the client receiving Federal assistance from another program, where the unit has already undergone (and passed) a visual assessment within the past 12 months (e.g., if the client has a Section 8 voucher and is receiving COC assistance for a security deposit or arrears)?

☐ Yes (Obtain documentation for the case file.) ☐ No

5. Does the property meet any of the other exemptions described in 24 CFR Part 35.115(a).

☐ Yes ☐ No

Please describe the exemption and provide appropriate documentation of the exemption.

6. Has the client received the "Protect Your Family from Lead In Your Home" pamphlet and signed they reviewed and received it?

☐ Yes ☐ No *Maintain receipt and copy of the pamphlet in client file (see Appendix G of CoC Policies and Procedures)*

Howard County Continuum of Care Policies & Procedures

APPENDIX F – LEAD FORMS AND WORKSHEETS

PART 3: DETERMINE THE PRESENCE OF DETERIORATED PAINT

To determine whether there are any identified problems with paint surfaces, program staff should conduct a visual assessment prior to providing CoC assistance to the unit as outlined in the following training on HUD's website at: <http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>

If **no** problems with paint surfaces are identified during the visual assessment, then **no** further action is required at this time. Place this screening sheet and certification form (Attachment A) in the program participant's file.

If any problems with paint surfaces **are** identified during the visual assessment, then **continue** to Part 4 to determine whether safe work practices and clearance are required.

1. Has a visual assessment of the unit been conducted?

☐ Yes ☐ No

2. Were any problems with paint surfaces identified in the unit during the visual assessment?

☐ Yes ☐ No (*Complete LEAD-BASED PAINT VISUAL ASSESSMENT CERTIFICATION FORM of this document*)

Howard County Continuum of Care Policies & Procedures

APPENDIX F – LEAD FORMS AND WORKSHEETS

PART 4: DOCUMENT THE LEVEL OF IDENTIFIED PROBLEMS

All deteriorated paint identified during the visual assessment must be repaired prior to clearing the unit for assistance. However, if the area of paint to be stabilized exceeds the de minimus levels (defined below), the use of lead safe work practices and clearance is required. If deteriorating paint exists but the area of paint to be stabilized does not exceed these levels, then the paint must be repaired prior to clearing the unit for assistance, but safe work practices and clearance are not required.

1. Does the area of paint to be stabilized exceed any of the de minimus levels below?

- 20 square feet on exterior surfaces

___ Yes ___ No

- 2 square feet in any one interior room or space

___ Yes ___ No

- 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim

___ Yes ___ No

If any of the above are 'yes,' then safe work practices and clearance are required prior to clearing the unit for assistance.

Howard County Continuum of Care Policies & Procedures

APPENDIX F – LEAD FORMS AND WORKSHEETS

PART 5: CONFIRM ALL IDENTIFIED DETERIORATED PAINT HAS BEEN STABILIZED

Program staff should work with property owners/managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the de minimus level, safe work practices and a clearance exam are not required (though safe work practices are always recommended). In these cases, the COC program staff should confirm that the identified deteriorated paint has been repaired by conducting a follow-up assessment. If the area of paint to be stabilized exceeds the de minimus level, program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician. Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.

1. Has a follow-up visual assessment of the unit been conducted?

___ Yes ___ No

2. Have all identified problems with the paint surfaces been repaired?

___ Yes ___ No

3. Were all identified problems with paint surfaces repaired using safe work practices?

___ Yes ___ No ___ Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

4. Was a clearance exam conducted by an independent, certified lead professional?

___ Yes ___ No ___ Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels. 5. Did the unit pass the clearance exam?

___ Yes ___ No ___ Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

Note: A copy of the clearance report should be placed in the program participant's file.

Howard County Continuum of Care Policies & Procedures

APPENDIX F – LEAD FORMS AND WORKSHEETS LEAD-BASED PAINT VISUAL ASSESSMENT CERTIFICATION FORM

I, _____ (print name), certify the following:

- I have completed HUD’s online visual assessment training and am a HUD-certified visual assessor.
- I conducted a visual assessment at _____ (property address and unit number) on _____ (date of assessment).
- No problems with paint surfaces were identified in the unit or in the building’s common areas.

(Signature)

(Date)

Client Name: _____

Case Number: _____

Howard County Continuum of Care Policies & Procedures

APPENDIX F – LEAD FORMS AND WORKSHEETS

COC Lead-Based Paint Property Owner Certification Form

INSTRUCTIONS

To prevent lead-poisoning in young children, the CoC program must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. If a visual assessment reveals problems with paint surfaces, property owners/managers must repair all identified problems with paint surfaces in accordance with the guidelines of 24 CFR 35, Parts A, B, M, and R, prior to a unit receiving CoC assistance. Property owners/managers should complete this form to certify that all identified problems with paint surfaces have been repaired/stabilized in accordance with the guidelines.

1. Have all identified problems with the paint surfaces been repaired?

___ Yes ___ No

2. Have all identified problems with paint surfaces been repaired using safe work practices?

___ Yes ___ No ___ Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

3. Was a clearance exam conducted by an independent, certified lead professional?

___ Yes ___ No ___ Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

4. Did the unit pass the clearance exam?

___ Yes ___ No ___ Applicable – The area of paint to be stabilized did not exceed the de minimus levels

Name of Tenant

Street Address

City State Zip

Name of Property Owner/Manager

Property Owner/Manager Signature Date

Name COC Program Staff

COC Program Staff Signature Date

Howard County Continuum of Care Policies & Procedures

APPENDIX G – PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME PAMPHLET



Protect Your Family From Lead in Your Home



United States
Environmental
Protection Agency



United States
Consumer Product
Safety Commission



United States
Department of Housing
and Urban Development

Are You Planning to Buy or Rent a Home Built Before 1978?

Did you know that many homes built before 1978 have **lead-based paint**? Lead from paint, chips, and dust can pose serious health hazards.

Read this entire brochure to learn:

- How lead gets into the body
- About health effects of lead
- What you can do to protect your family
- Where to go for more information

Before renting or buying a pre-1978 home or apartment, federal law requires:

- Sellers must disclose known information on lead-based paint or lead-based paint hazards before selling a house.
- Real estate sales contracts must include a specific warning statement about lead-based paint. Buyers have up to 10 days to check for lead.
- Landlords must disclose known information on lead-based paint and lead-based paint hazards before leases take effect. Leases must include a specific warning statement about lead-based paint.

If undertaking renovations, repairs, or painting (RRP) projects in your pre-1978 home or apartment:

- Read EPA's pamphlet, *The Lead-Safe Certified Guide to Renovate Right*, to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).



Simple Steps to Protect Your Family from Lead Hazards

If you think your home has lead-based paint:

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified inspector or risk assessor at [epa.gov/lead](https://www.epa.gov/lead).
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe certified renovation firms.
- Before buying, renting, or renovating your home, have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children avoid fatty (or high fat) foods and eat nutritious meals high in iron and calcium.
- Remove shoes or wipe soil off shoes before entering your house.

Lead Gets into the Body in Many Ways

Adults and children can get lead into their bodies if they:

- Breathe in lead dust (especially during activities such as renovations, repairs, or painting that disturb painted surfaces).
- Swallow lead dust that has settled on food, food preparation surfaces, and other places.
- Eat paint chips or soil that contains lead.

Lead is especially dangerous to children under the age of 6.

- At this age, children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.



Women of childbearing age should know that lead is dangerous to a developing fetus.

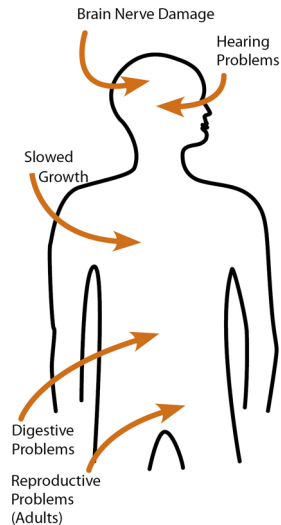
- Women with a high lead level in their system before or during pregnancy risk exposing the fetus to lead through the placenta during fetal development.

Health Effects of Lead

Lead affects the body in many ways. It is important to know that even exposure to low levels of lead can severely harm children.

In children, exposure to lead can cause:

- Nervous system and kidney damage
- Learning disabilities, attention deficit disorder, and decreased intelligence
- Speech, language, and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage



While low-lead exposure is most common, exposure to high amounts of lead can have devastating effects on children, including seizures, unconsciousness, and, in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults, too.

In adults, exposure to lead can cause:

- Harm to a developing fetus
- Increased chance of high blood pressure during pregnancy
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

Check Your Family for Lead

Get your children and home tested if you think your home has lead.

Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect lead. Blood lead tests are usually recommended for:

- Children at ages 1 and 2
- Children or other family members who have been exposed to high levels of lead
- Children who should be tested under your state or local health screening plan

Your doctor can explain what the test results mean and if more testing will be needed.

Where Lead-Based Paint Is Found

In general, the older your home or childcare facility, the more likely it has lead-based paint.¹

Many homes, including private, federally-assisted, federally-owned housing, and childcare facilities built before 1978 have lead-based paint. In 1978, the federal government banned consumer uses of lead-containing paint.²

Learn how to determine if paint is lead-based paint on page 7.

Lead can be found:

- In homes and childcare facilities in the city, country, or suburbs,
- In private and public single-family homes and apartments,
- On surfaces inside and outside of the house, and
- In soil around a home. (Soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars.)

Learn more about where lead is found at [epa.gov/lead](https://www.epa.gov/lead).

¹ “Lead-based paint” is currently defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm), or more than 0.5% by weight.

² “Lead-containing paint” is currently defined by the federal government as lead in new dried paint in excess of 90 parts per million (ppm) by weight.

Identifying Lead-Based Paint and Lead-Based Paint Hazards

Deteriorating lead-based paint (peeling, chipping, chalking, cracking, or damaged paint) is a hazard and needs immediate attention. **Lead-based paint** may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills
- Doors and door frames
- Stairs, railings, banisters, and porches

Lead-based paint is usually not a hazard if it is in good condition and if it is not on an impact or friction surface like a window.

Lead dust can form when lead-based paint is scraped, sanded, or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defines the following levels of lead in dust as hazardous:

- 40 micrograms per square foot ($\mu\text{g}/\text{ft}^2$) and higher for floors, including carpeted floors
- 250 $\mu\text{g}/\text{ft}^2$ and higher for interior window sills

Lead in soil can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defines the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

Remember, lead from paint chips—which you can see—and lead dust—which you may not be able to see—both can be hazards.

The only way to find out if paint, dust, or soil lead hazards exist is to test for them. The next page describes how to do this.

Checking Your Home for Lead

You can get your home tested for lead in several different ways:

- A lead-based paint **inspection** tells you if your home has lead-based paint and where it is located. It won't tell you whether your home currently has lead hazards. A trained and certified testing professional, called a lead-based paint inspector, will conduct a paint inspection using methods, such as:
 - Portable x-ray fluorescence (XRF) machine
 - Lab tests of paint samples
- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards. A trained and certified testing professional, called a risk assessor, will:
 - Sample paint that is deteriorated on doors, windows, floors, stairs, and walls
 - Sample dust near painted surfaces and sample bare soil in the yard
 - Get lab tests of paint, dust, and soil samples
- A combination inspection and risk assessment tells you if your home has any lead-based paint and if your home has any lead hazards, and where both are located.



Be sure to read the report provided to you after your inspection or risk assessment is completed, and ask questions about anything you do not understand.

Checking Your Home for Lead, continued

In preparing for renovation, repair, or painting work in a pre-1978 home, Lead-Safe Certified renovators (see page 12) may:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis. In housing receiving federal assistance, the person collecting these samples must be a certified lead-based paint inspector or risk assessor
- Use EPA-recognized tests kits to determine if lead-based paint is absent (but not in housing receiving federal assistance)
- Presume that lead-based paint is present and use lead-safe work practices

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency for more information, visit epa.gov/lead, or call **1-800-424-LEAD (5323)** for a list of contacts in your area.³

³ Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8399.

What You Can Do Now to Protect Your Family

If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together because they can form a dangerous gas.)
- Carefully clean up paint chips immediately without creating dust.
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bed time.
- Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe Certified renovation firms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children avoid fatty (or high fat) foods and eat nutritious meals high in iron and calcium. Children with good diets absorb less lead.

Reducing Lead Hazards

Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.

- In addition to day-to-day cleaning and good nutrition, you can **temporarily** reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover lead-contaminated soil. These actions are not permanent solutions and will need ongoing attention.
- You can minimize exposure to lead when renovating, repairing, or painting by hiring an EPA- or state-certified renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead-safe work practices in your home.
- To remove lead hazards permanently, you should hire a certified lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent control.



Always use a certified contractor who is trained to address lead hazards safely.

- Hire a Lead-Safe Certified firm (see page 12) to perform renovation, repair, or painting (RRP) projects that disturb painted surfaces.
- To correct lead hazards permanently, hire a certified lead abatement professional. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.

Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

Reducing Lead Hazards, continued

If your home has had lead abatement work done or if the housing is receiving federal assistance, once the work is completed, dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following levels:

- 40 micrograms per square foot ($\mu\text{g}/\text{ft}^2$) for floors, including carpeted floors
- 250 $\mu\text{g}/\text{ft}^2$ for interior windows sills
- 400 $\mu\text{g}/\text{ft}^2$ for window troughs

For help in locating certified lead abatement professionals in your area, call your state or local agency (see pages 14 and 15), or visit epa.gov/lead, or call 1-800-424-LEAD.

Renovating, Remodeling, or Repairing (RRP) a Home with Lead-Based Paint

If you hire a contractor to conduct renovation, repair, or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:

- Be a Lead-Safe Certified firm approved by EPA or an EPA-authorized state program
- Use qualified trained individuals (Lead-Safe Certified renovators) who follow specific lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certified Guide to Renovate Right*



RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
- **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited. They are:
 - Open-flame burning or torching
 - Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment and
 - Using a heat gun at temperatures greater than 1100°F
- **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods.
- **Dispose of waste properly.** Collect and seal waste in a heavy duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.

To learn more about EPA's requirements for RRP projects visit epa.gov/getleadsafe, or read *The Lead-Safe Certified Guide to Renovate Right*.

Other Sources of Lead

While paint, dust, and soil are the most common sources of lead, other lead sources also exist:

- **Drinking water.** Your home might have plumbing with lead or lead solder. You cannot see, smell, or taste lead, and boiling your water will not get rid of lead. If you think your plumbing might contain lead:

- Use only cold water for drinking and cooking.
- Run water for 15 to 30 seconds before drinking it, especially if you have not used your water for a few hours.

Call your local health department or water supplier to find out about testing your water, or visit [epa.gov/lead](https://www.epa.gov/lead) for EPA's lead in drinking water information.

- **Lead smelters** or other industries that release lead into the air.
- **Your job.** If you work with lead, you could bring it home on your body or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture. Call your local health department for information about hobbies that may use lead.
- Old **toys** and **furniture** may have been painted with lead-containing paint. Older toys and other children's products may have parts that contain lead.⁴
- Food and liquids cooked or stored in **lead crystal** or **lead-glazed pottery or porcelain** may contain lead.
- Folk remedies, such as "**greta**" and "**azarcon**," used to treat an upset stomach.

⁴ In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint (16 CFR 1303). In 2008, the federal government banned lead in most children's products. The federal government currently bans lead in excess of 100 ppm by weight in most children's products (76 FR 44463).

For More Information

The National Lead Information Center

Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at epa.gov/lead and hud.gov/lead, or call **1-800-424-LEAD (5323)**.

EPA's Safe Drinking Water Hotline

For information about lead in drinking water, call **1-800-426-4791**, or visit epa.gov/lead for information about lead in drinking water.

Consumer Product Safety Commission (CPSC) Hotline

For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call **1-800-638-2772**, or visit CPSC's website at cpsc.gov or saferproducts.gov.

State and Local Health and Environmental Agencies

Some states, tribes, and cities have their own rules related to lead-based paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your state or local contacts on the Web at epa.gov/lead, or contact the National Lead Information Center at **1-800-424-LEAD**.

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling the toll-free Federal Relay Service at **1-800-877-8339**.

U. S. Environmental Protection Agency (EPA) Regional Offices

The mission of EPA is to protect human health and the environment. Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

Region 1 (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)

Regional Lead Contact
U.S. EPA Region 1
5 Post Office Square, Suite 100, OES 05-4
Boston, MA 02109-3912
(888) 372-7341

Region 2 (New Jersey, New York, Puerto Rico, Virgin Islands)

Regional Lead Contact
U.S. EPA Region 2
2890 Woodbridge Avenue
Building 205, Mail Stop 225
Edison, NJ 08837-3679
(732) 321-6671

Region 3 (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia)

Regional Lead Contact
U.S. EPA Region 3
1650 Arch Street
Philadelphia, PA 19103
(215) 814-2088

Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

Regional Lead Contact
U.S. EPA Region 4
AFC Tower, 12th Floor, Air, Pesticides & Toxics
61 Forsyth Street, SW
Atlanta, GA 30303
(404) 562-8998

Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Regional Lead Contact
U.S. EPA Region 5 (DT-8J)
77 West Jackson Boulevard
Chicago, IL 60604-3666
(312) 886-7836

Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)

Regional Lead Contact
U.S. EPA Region 6
1445 Ross Avenue, 12th Floor
Dallas, TX 75202-2733
(214) 665-2704

Region 7 (Iowa, Kansas, Missouri, Nebraska)

Regional Lead Contact
U.S. EPA Region 7
11201 Renner Blvd.
WWPD/TOPE
Lenexa, KS 66219
(800) 223-0425

Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

Regional Lead Contact
U.S. EPA Region 8
1595 Wynkoop St.
Denver, CO 80202
(303) 312-6966

Region 9 (Arizona, California, Hawaii, Nevada)

Regional Lead Contact
U.S. EPA Region 9 (CMD-4-2)
75 Hawthorne Street
San Francisco, CA 94105
(415) 947-4280

Region 10 (Alaska, Idaho, Oregon, Washington)

Regional Lead Contact
U.S. EPA Region 10
Solid Waste & Toxics Unit (WCM-128)
1200 Sixth Avenue, Suite 900
Seattle, WA 98101
(206) 553-1200

Consumer Product Safety Commission (CPSC)

The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities, and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

CPSC

4330 East West Highway
Bethesda, MD 20814-4421
1-800-638-2772
cpsc.gov or saferproducts.gov

U. S. Department of Housing and Urban Development (HUD)

HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. Contact HUD's Office of Healthy Homes and Lead Hazard Control for further information regarding the Lead Safe Housing Rule, which protects families in pre-1978 assisted housing, and for the lead hazard control and research grant programs.

HUD

451 Seventh Street, SW, Room 8236
Washington, DC 20410-3000
(202) 402-7698
hud.gov/offices/lead/

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IMPORTANT!

Lead From Paint, Dust, and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly

- Children under 6 years old are most at risk for lead poisoning in your home.
- Lead exposure can harm young children and babies even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).

**Howard County Department of
Citizen Services**

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HOWARD COUNTY CONTINUUM OF CARE FOR HOMELESS SERVICES

HOWARD COUNTY HMIS

Policies and Procedures

Updated 26 August 2014

Table of Contents

Introduction	3
Governing Principles	3
Section 1: Contractual Requirements and Roles	5
Basic Requirements	5
Management Structure.....	5
HMIS Committee	6
Section 2: Participation Requirements.....	8
Implementation Requirements.....	8
Interagency Data Sharing Agreements	8
Confidentiality and Informed Consent	8
Minimal Data Elements.....	9
Information Security Protocols.....	9
Connectivity and Maintenance of On-site Computer Equipment.....	9
Data Disposal	10
Section 3: User and Data Access	11
Access Privileges to ServicePoint.....	11
Access Levels for System Users	11
Access to Data	11
Access to Client Paper Records	12
Physical Access Controls	12
Unique User ID and Password.....	12
Right to Deny User and Participating Agency's Access	12
Section 4: Training and Technical Support.....	13
Training Schedule.....	13
Technical Support.....	13
Planned Interruption to Service	13
Section 5: Data Release Protocols.....	14
Data Release Authorization and Distribution	14
Right to Deny Access to Client Identified Information.....	14
Right to Deny Access to Aggregate Information	14
Section: Glossary	15
Acronyms.....	15
Definitions.....	15
Section: Attachments	17
Data Quality Plan	17
Security Plan	19
Privacy Policy.....	21
Participation Agreement	22
End User License Agreement.....	26
Confidentiality Agreement.....	27
Client Authorization Form	28

INTRODUCTION

The Howard County Continuum of Care for Homeless Services is administered by the Department of Citizen Services as the lead agency, with the Howard County Board to Promote Self Sufficiency serving in an advisory capacity. The Continuum utilizes Internet-based technology, known as ServicePoint, to assist homeless service organizations in Howard County capture information about the clients they serve.

One of the Continuum's goals is to determine the extent and nature of homelessness in Howard County. This is accomplished through analysis and release of data that are grounded in the actual experiences of homeless persons and the service providers who assist them in shelters and homeless assistance programs throughout the county. Information that is gathered is analyzed for an unduplicated count, aggregated (void of any identifying client level information), and made available to policy makers, service providers, advocates, and consumer representatives.

Potential benefits for homeless men, women, children, and case managers: Through the use of ServicePoint, case managers can assess their clients' needs to inform clients about services offered on site or available through referral. Case managers and clients can use on-line resource information to learn about resources that help clients find and keep permanent housing or meet other goals clients have for themselves. Service coordination can be improved when information is shared among case management staff within one agency or with staff in other agencies (with written client consent) who are serving the same clients.

Potential benefits for agency and program managers: Once aggregated, information can be used to garner a more complete understanding of clients' needs and outcomes, and then used to advocate for additional resources, complete grant applications, conduct evaluations of program services, and report to funders such as HUD. ServicePoint has the capability to generate the HUD Annual Performance Report (APR).

Potential benefits for the Howard County Continuum of Care and policy makers: Involvement in the project provides the capacity to programs within the Continuum to generate automated APRs, access aggregate reports that can assist in completion of the HUD required Unmet Need chart and other reports, and to utilize the aggregate data to inform policy decisions aimed at addressing and ending homelessness at local, state, and federal levels.

Governing Principles

Described below are the overall governing principles upon which all other decisions pertaining to the Howard County HMIS project are based.

Data Integrity: Data are the most valuable assets of the HMIS. It is our policy to protect this asset from accidental or intentional unauthorized modification, disclosure or destruction.

Access to Client Records: The Client Records Access policy is designed to protect against the recording of information in unauthorized locations or systems. Only staff who work directly with clients or who have administrative responsibilities will receive authorization to look at, enter, or edit client records. Additional privacy protection policies include:

- No client records will be shared electronically with another agency without written client consent;
- Client has the right to not answer any question, unless entry in to a service program requires it,
 - Client has the right to refuse service;
- Client has the right to know what has added to, deleted, or edited their client record;
- Client information transferred from one authorized location to another over the web is transmitted through a secure, encrypted connection.

Computer Crime: Computer crimes violate state and federal law as well as the Howard County HMIS Data Security Policy.

They include but are not limited to:

HMIS Policies and Procedures 26 August 2014.doc

- Unauthorized disclosure;
- Modification or destruction of data, programs, or hardware;
- Theft of computer services;
- Illegal copying of software;
- Invasion of privacy;
- Theft of hardware, software, peripherals, data or printouts;
- Misuse of communication networks;
- Promulgation of malicious software such as viruses;
- Breach of contract.

End User Ethics: Any deliberate action that adversely affects the resources of any participating organization or its employees is prohibited. ServicePoint users must not attempt to gain physical or logical access to data or systems for which they are not authorized. Users must not attempt to reverse-engineer commercial software. Users must not load unauthorized programs or data onto organizational computer systems.

SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES

Basic Requirements

The following agencies, or any receiving McKinney-Vento homeless funds, must participate in the Howard County HMIS:

- Community Action Council of Howard County
- Bridges to Housing Stability
- HOPE Works
- Grassroots Crisis Intervention Center
- Howard County Government, Department of Citizen Services
- Howard County Government, Department of Housing and Community Development
- Howard County Mental Health Authority
- Howard County Health Department

Additional agencies that offer appropriate services may, and are encouraged to, participate in the HMIS.

Howard County, Maryland, holds a contract with Bowman Systems for the use of its ServicePoint product. The County has fully funded this project and anticipates continue its contractual obligation provided funding is available. Participating agencies receiving McKinney-Vento funds may, at a later date, be required to cover annual licensing and user charges should the County be unable to provide funding.

Existing and new Participating Agencies will not be granted access to the ServicePoint software system until a HMIS Participation Agreement has been signed.

Management Structure

The Howard County Department of Citizen Services is the lead agency for the Howard County HMIS/ServicePoint. The Department is responsible for oversight of all day-to-day operations including, but not limited to: planning, scheduling, and meeting project objectives, overseeing usage of ServicePoint, and Governing Principles and Policies and Procedures. These responsibilities will be handled through the position of an HMIS Administrator.

The HMIS Administrator is also responsible for:

- Technical Assistance
 - Provide training on a regular basis for agency staff;
 - Provide technical assistance and troubleshooting as needed;
 - Provide technical assistance in generating funder-required reports.
- Data Analysis
 - Provide data quality queries to sites on a regular basis;
 - Provide detailed countywide reports on families and individuals accessing emergency shelter.

For more information see the HMIS Data Quality Plan.

Participating Agencies

The Executive Director of each Participating Agency will be responsible for oversight of all agency staff who generate or have access to client level data stored in ServicePoint. The Executive Director holds final responsibility for the adherence of his/her agency's personnel to the policies and procedures outlined in this document.

The Participating Agency's Executive Director is responsible for all activity associated with agency staff access and use of the ServicePoint system. This individual is responsible for establishing and monitoring agency procedures that meet the criteria for access to ServicePoint. The Executive Director will be held liable for any misuse of the system by his/her designated staff. The Executive Director agrees to allow access to the ServicePoint system based upon need. Need exists

only for those shelter staff, volunteers, or designated personnel who work directly with, or supervise staff who work directly with, clients.

The Executive Director will:

- Assume responsibility for integrity and protection of client level data entered into the ServicePoint system;
- Establish business controls and practices to ensure organizational adherence to the policies and procedures set forth herein;
- Communicate control and protection requirements to agency custodians and users;
- Monitor compliance and periodically review control decisions;
- Ensure the Universal Data Elements (defined by HUD) be entered into ServicePoint;
- Execute Interagency Data Sharing Agreements between any shelter/service program where sharing of client level information is to take place;
- Ensure users utilize Client Authorization forms to authorize the sharing of personal information electronically with other participating agencies through the ServicePoint system.

The Participant Agency's responsibilities are outlined in their HMIS Participation Agreement, the terms of which supersede all other documentation.

Howard County HMIS agrees to authorize use of the ServicePoint Software system only to users who need access to the system for technical administration of the system, report writing, data analysis and report generation, back-up administration or other essential activity associated with carrying out HMIS's responsibilities.

The **Participating Agency** agrees to authorize use of the ServicePoint Software system only to users who need access to the system for data entry, editing of client records, viewing of client records, report writing, administration or other essential activity associated with carrying out participating agency responsibilities.

Users are any persons who use the ServicePoint software for data processing services. They must be aware of the data's sensitivity and take appropriate measures to prevent unauthorized disclosure. Users are responsible for protecting institutional information to which they have access and for reporting security violations. Users must comply with the data security policy and standards as described in these Policies and procedures. They are accountable for their actions and for any actions undertaken with their usernames and passwords.

HMIS Committee

Responsibilities:

The HMIS Committee advises and supports Howard County HMIS operations in consumer involvement and quality assurance/accountability. The committee meets quarterly.

Membership of the HMIS Committee will be established according to the following guidelines:

- At least one representative from each participating agency;
- There will be a concerted effort to find replacement representatives when participation has been inactive or inconsistent from the organizations involved in the project;
- There will be a pro-active effort to fill gaps in the membership of the Committee in terms of constituency representation: consumer representatives, shelters for families and individuals, advocacy organizations, and government agencies that fund homeless assistance services, and statewide geographic distribution.

The HMIS Committee is an advisory committee to the HMIS. However, the HMIS Administrator delegates final decision making authority to the Committee on the selected key issues that follow. These issues include:

- Determining the guiding principles that should underlie the implementation activities of HMIS and participating organizations and service programs;
- Selecting the minimal data elements to be collected by all programs participating in the HMIS;
- Defining criteria, standards, and parameters for the release of aggregate data; and
- Ensuring adequate privacy protection provisions in project implementation.

The HMIS Committee will work with the HMIS Lead to:

- Advise for development and review of a privacy plan, security plan, and data quality plan, as well as any other HMIS policies and procedures;
- The data quality plan will include a plan to monitor the HMIS to ensure that:
 - Recipients and sub-recipients consistently participate in the HMIS;
 - HMIS is satisfying the requirements of all regulations and notices issued by HUD;
 - The HMIS Lead is fulfilling the obligations outlined in this HMIS Governance Charter and Participation Agreements with Participating Agencies.
- Oversee and monitor HMIS data collection and production of the following reports:
 - Point-In-Time Count;
 - Housing Inventory Chart;
 - Annual Homeless Assessment Report (AHAR); and
 - Annual Performance Reports (APRs).

SECTION 2: PARTICIPATION REQUIREMENTS

- **High Speed Internet Connection:** Broadband recommended by Vendor. (See "Connectivity" in Section 2)
- **Identification of Agency Point Person:** Designation of one key staff person to serve as the Point Person. This person will be responsible resetting passwords and monitoring software access. This person will also be responsible for training new staff persons on how to use the ServicePoint system.
- **Training:** Commitment of Agency Point Person and designated staff persons to attend training(s) provided by HMIS Administrator prior to accessing the system online
- **Interagency Data Sharing Agreements:** Interagency Data Sharing Agreements must be established between any shelter/service program where sharing of client level information is to take place. See attached Interagency Data Sharing Agreement.
- **Client Consent Forms:** must be created for clients to authorize the sharing of their personal information electronically with other Participating Agencies through the ServicePoint software system where applicable. See attached Client Authorization Form for example.
- **Participation Agreement:** Agencies are required to sign a participation agreement stating their commitment to follow the policies and procedures for effective use of the system. **Minimal Data Elements:** Agencies will be required to enter minimal data elements as defined by the HUD and the HMIS Committee.

Implementation Requirements

All new Participating Agencies must read and understand all participation requirements and complete all required documentation prior to implementation of the system.

HMIS Administrator will assist Participating Agencies in the completion of all required documentation.

Interagency Data Sharing Agreements

Written Agreement: Participating Agencies wishing to share information electronically through the ServicePoint System are required to provide, in writing, an agreement that has been signed between the Executive Directors of Participating Agencies. See attached Interagency Sharing Agreement.

Role of Executive Director: The Executive Director is responsible for abiding by all the policies stated in any Interagency Sharing Agreement.

- Executive Directors wishing to participate in a data sharing agreement contact HMIS Administrator to initiate the process.
- Executive Directors complete the Interagency Sharing Agreement. Each participating agency retains a copy of the agreement and a master is filed with the HMIS Lead Agency (Howard County Department of Citizen Services).
- Each Client whose record is being shared must agree via a written client consent form (CSHS Release of Information) to have their data shared. A client must be informed what information is being shared and with whom it is being shared and for what length of time.
-

Confidentiality and Informed Consent

Participating Agencies agree to abide by privacy protection standards and agree to uphold all standards of privacy as established by the Howard County Department of Citizen Services.

These include, but are not limited to:

Informed Consent: Oral Explanation (non-shared records): All clients will be provided an oral explanation that their information will be entered into a computerized record keeping system. The agency may want to develop a fact sheet to post within the agency. HMIS suggests including the following information in the fact sheet:

- **What ServicePoint is** - a web based information system that allows providers of homeless services to capture information about the persons they serve
- **Why the agency uses ServicePoint** - to understand their clients' needs, help plan appropriate services for the people they serve, and inform policy.
- **Security** - only staff who work directly with clients or who have administrative responsibilities for managing ServicePoint can review, enter, or edit client records.
- **Privacy Protection** - no information will be released to another agency without written consent. Client has the right to not answer any question, unless entry into a program requires it. Client has the right to refuse service. Client has the right to know who has added to, deleted, or edited their ServicePoint record. Information that is transferred over the web is through a secure connection.
- **Benefits for Clients** - case manager tells client what services are offered on site or by referral through the assessment process. Case manager and client can use information to assist clients in obtaining resources that will help them meet their needs.

Written Client Consent: Each Client whose record is being shared electronically with another Participating Agency must agree via a written client consent form to have their data shared. A client must be informed what information is being shared and with whom it is being shared.

Information Release: The Participating Agency agrees not to release client identifiable information to any other organization pursuant to federal and state law without proper client consent.

Federal/State Confidentiality Regulations: The Participating Agency will uphold Federal and State Confidentiality regulations to protect client records and privacy. In addition, the Participating Agency will only release client records with written consent by the client, unless otherwise provided for in the regulations.

The Participating Agency will abide specifically by the Federal confidentiality rules as contained in 42 CFR Part 2 regarding disclosure of alcohol and/or drug abuse records. **A general authorization for the release of medical or other information is not sufficient for this purpose.**

Unnecessary Solicitation: The Participating Agency will not solicit or input information from clients unless it is essential to the provision of services to the client.

Minimal Data Elements

The Participating Agency is responsible for ensuring that all clients are asked a minimal set of questions for use in aggregate analysis. These include HUD's most current Data Standards as well as any minimal data elements determined by the HMIS Committee. These will be contained in each agency's primary assessment.

Information Security Protocols

Please reference Section 3.

Connectivity and Maintenance of On-site Computer Equipment

Participating Agencies are required to obtain an adequate Internet connection (greater than 56K/v90) to ensure proper response time and efficient system operation of ServicePoint.

Participating Agencies must commit to a reasonable program of data and equipment maintenance in order to sustain an efficient level of system operation including computer equipment configuration, Internet connectivity, data storage, and data back-up. As a matter of course, each agency must install virus protection software on all computers.

Data Disposal

Participating Agencies agree to dispose of documents that contain identifiable client level data by shredding paper records, deleting any information from diskettes before disposal, and deleting any copies of client level data from the hard drive of any machine before transfer or disposal of property.

SECTION 3: USER AND DATA ACCESS

Access Privileges to ServicePoint

Participating Agencies will apply the user access privilege convention set forth as follows:

- **User Access:** User access and user access levels will be deemed by the Executive Director of the Participating Agency in consultation with the HMIS Administrator. The HMIS Administrator will generate username and passwords within the Administrative function of ServicePoint.
- **User Name Format:** The HMIS Administrator will create all usernames using the first initial of the first name and last name. Example: John Doe's username would be jdoe. In the case where there are two people with the same first initial and last name, a sequential number should be placed at the end of the above format. Example: jdoe2, jdoe3.
- **Passwords:** Passwords are automatically generated from the system when a user is created. The HMIS Administrator will communicate the system-generated password to the user. The user will be required to change the password the first time they log onto the system. The password must be between 8 and 16 characters and contain 2 numbers. Passwords expire every 45 days.
- **Termination or Extended Leave from Employment:** The HMIS Administrator should terminate the rights of a user immediately upon termination from their current position. If a staff person is to go on leave for a period of longer than 30 days, their password must be inactivated within five business days of the start of their leave. The HMIS Administrator is responsible for removing users from the system. The HMIS Administrator must update the access list and signed agreements on a quarterly basis.

Access Levels for System Users

User accounts will be created and deleted by the HMIS Administrator under authorization of the Participating Agency's Executive Director.

User Levels:

There are seventeen levels of access to the ServicePoint system. These levels should be reflective of the access a user has to client level paper records and access levels should be need-based. Need exists only for those staff, volunteers, or designated personnel who work with (or supervise staff who work directly with) clients or have data entry responsibilities.

Access to Data

- **User Access:** Users will only be able to view the data entered by users of their own system. Security measures exist within the ServicePoint software which restricts agencies from viewing each other's data.
- **Raw Data:** Users who have been granted access to the ServicePoint Report Writer tool have the ability to download and save client level data onto their local computer. Once this information has been downloaded from the ServicePoint server in raw format to an agency's computer, these data become the responsibility of the agency. A Participating Agency should develop protocol regarding the handling of data downloaded from the Report Writer.
- **Agency Policies Restricting Access to Data:** The Participating Agencies must establish internal access to data protocols. These policies should include who has access, for what purpose, and how they can transmit this information. Issues to be addressed include storage, transmission and disposal of these data.
- **Access to Countywide ServicePoint Data:** Access will be granted, in aggregate form, based upon policies developed by the HMIS Committee.

Access to Client Paper Records

Participating Agencies will establish procedures to handle access to client paper records. These procedures include: identifying which staff has access to the client paper records and for what purpose; identifying how and where client paper records are stored; developing policy on length of storage and disposal procedures of paper records; and developing policy on disclosure of information contained in client paper records.

Physical Access Controls

Physical access to the system data processing areas, equipment and media must be controlled. Access must be controlled for the transportation of data processing media and other computer resources. The level of control is contingent on the level of risk and exposure to loss.

Access to computing facilities and equipment

- The HMIS Administrator will work with Participating Agencies to determine the physical access controls appropriate for their organizational setting based on the HMIS Data Security Plan.
- All those granted access to an area or to data are responsible for their actions. Additionally, those granting another person access to an area are responsible for that person's activities.

Media and hardcopy protection and transportation

- Printed versions of confidential data should not be copied or left unattended and open to unauthorized access.
- Media containing client-identified data will not be shared with any agency other than the agency that entered the data for any reason. HMIS data may be transported by authorized employees using methods deemed appropriate by the Participating Agency that meet the above standard. Reasonable care should be used, and media should be secured when left unattended.
- HMIS information in hardcopy format should be disposed of properly.

Unique User ID and Password

- **Discretionary Password Reset:** Initially each user will be given a password for one time use only. The first or reset password will be automatically generated by ServicePoint and will be issued to the User by the HMIS Administrator. Passwords will be communicated in written or verbal form. Temporary passwords can be communicated via email (as long as it is not in the same email message as the User ID). Contact the HMIS Administrator if a password needs to be reset.
- **Forced Password Change (FPC):** FPC will occur every 45 days once a user account is issued. Passwords will expire and users will be prompted to enter a new password. Users may not use the same password consecutively, but may use the same password more than once.
- **Unsuccessful Logon:** If a user unsuccessfully attempts to logon three times, the User ID will be "locked out", access permission revoked and unable to gain access until their account is reset.

Right to Deny User and Participating Agency's Access

The HMIS Administrator, Howard County Department of Citizen Services, may suspend or revoke a Participating Agency's or individual user's access for violation of the HMIS Data Security Plan.

The HMIS Administrator will investigate all potential violations of security protocols. Any agency that is found to have consistently and/or flagrantly violated security protocols may have their access privileges suspended or revoked.

SECTION 4: TRAINING AND TECHNICAL SUPPORT

The HMIS Administrator, Howard County Department of Citizen Services, will offer training on an as needed basis to Participating Agencies, in addition to group trainings. All users must receive ServicePoint training prior using the system. Training will include security policies and procedures.

Training Schedule

A training schedule will be set via email regularly. Agencies are asked to RSVP for all trainings. Training sessions will be offered at the Gateway Building unless otherwise noted.

Technical Support

The HMIS Administrator, Howard County Department of Citizen Services, will assist agencies in:

- Start-up and implementation
- On-going technical assistance
- Training
- Technical assistance with report writing

The following procedures shall be followed when requesting technical support:

- Agency Management Staff (Executive Director or Agency Point Person) will contact the HMIS Administrator.
- The HMIS Administrator will, if necessary communicate with Bowman Internet Systems, the ServicePoint vendor.
- The HMIS Administrator will be available Monday through Friday, between 8:00 a.m. and 5:00 p.m., excluding County, State, and Federal holidays, or unanticipated emergencies.

The HMIS Administrator will notify, if possible, Participating Agencies of planned interruption to service via email as well as posting in the ServicePoint News area. It is recognized by Participating Agencies that ServicePoint is a web-based product, hosted by Bowman Internet Systems. The HMIS Administrator, Howard County Department of Citizen Services, cannot control unanticipated interruptions of service by Bowman Internet Systems.

Planned Interruption to Service

The HMIS Administrator will notify, if possible, Participating Agencies of planned interruption to service via email as well as posting in the ServicePoint News area. It is recognized by Participating Agencies that ServicePoint is a web-based product, hosted by Bowman Internet Systems. The HMIS Administrator, Howard County Department of Citizen Services, cannot control unanticipated interruptions of service by Bowman Internet Systems.

Service Restoration

Unless the original communication stated the resumption time, HMIS staff will notify via e-mail that service has resumed.

SECTION 5: DATA RELEASE PROTOCOLS

Data Release Authorization and Distribution

All data that are to be publicly released must be in aggregate format.

Release of Data Principles (Participating Agency)

- Only de-identified aggregate data will be released.
- Program specific information will not be released without written consent of the Participating Agency Executive Director.
- There will be full access to aggregate data for all Participating Agencies.
- Aggregate data will be available in the form of an aggregate report or as a raw data set.
- Only aggregate data will be made directly available to the public.
- Parameters of the aggregate data, that is, where the data comes from, what it includes and what it does not include will be presented with each report.

Right to Deny Access to Client Identified Information

- Any request for client identified data from any person, agency, or organization other than the agency of origin will be forwarded to the HMIS Administrator for review.
- Pursuant to HMIS Administrator, any outside entity must obtain the written consent of every client contained within the database prior to the release of data.

Right to Deny Access to Aggregate Information

HMIS Administrator retains authority to deny access to all aggregate data contained within the system, on a local or private level. The State of Maryland will have the authority to pull ONLY aggregate information for reporting purposes as granted by the Howard County Continuum of Care.

When a person or organization requests data, the request will be reviewed by the HMIS Administrator. The State will retain authority to use aggregate data, as collected in the Data Warehouse, for federal and statewide reporting.

The HMIS Administrator, Howard County Department of Citizen Services, may amend these policies and procedures at any time with input from the HMIS Committee.

SECTION: GLOSSARY

Acronyms

CoC: Continuum of Care
CSHS: Coordinated System of Homeless Services
HUD: United States Department of Housing and Urban Development
HMIS: Homeless Management Information System
NOFA: Notice of Funding Availability

Definitions

Aggregate data: Communitywide data that are de-identified and can be used for analytical purposes.

Annual progress report (APR): A standard Federal reporting form used by the U.S. Department of Housing and Urban Development for CoC homeless grant programs.

Antivirus programs: Computer programs that detect and rid computer systems of electronic viruses and thus prevent and/or mitigate file corruption and data loss.

Application software: Computer programs designed to accomplish specific tasks or transactions. HMISs are application software.

Central server: A computer or group of computers that contains the main application software or aggregate data in a distributed HMIS.

Client(s): An individual or family experiencing homelessness, threatened with the imminent prospect of homelessness, or with a former experience of homelessness, **and** accessing services within the CoC.

Client confidentiality: Except as provided by law or incorporated in properly executed consent, a client's right to guaranteed privacy of the personal information that is stored within the HMIS.

Client consent: Oral permission to participate in the HMIS (or, in the case of information that is required by program funders, acknowledgment that the information is being collected, stored, and aggregated for reporting purposes within the HMIS). Written consent is written permission to share personal information that is stored in the HMIS with another agency. The HMIS client consent form should explicitly state how the data will be collected, shared, and used, and explain a client's right to protect and limit its use.

Client-level data: Data about an individual HMIS client.

Communications server: A dedicated server that remote users can connect to through communications devices such as modems.

Computer operating systems: Computer programs that manage end user interaction with the system. Microsoft Windows is an example of an operating system.

Computer networking: The process of connecting multiple computers to facilitate easy sharing of files or programs. Networked computers can share common resources such as a printer or a database.

Concurrent users: The number of computer users accessing a system simultaneously.

Connectivity: The technology used to upload/download data files to/from other computers or to link to the Internet.

Consent form: The consumer's written authorization to have their data input in an HMIS and/or shared with other agencies.

Continuum of Care (CoC): A coordinated approach at the local level to deliver services to persons who are homeless. A CoC generally includes a full range of emergency, transitional, and permanent housing and service resources to address the various needs of homeless persons. HUD issues an annual Notice of Funding Availability (NOFA), known as the CoC grant, to local communities for housing and service funds.

Coverage: The proportion of shelter users that is represented in the data.

Database: A collection of information organized so that a computer program can quickly select desired pieces of data. You can think of a database as an electronic filing system.

Data encryption: The conversion of plain text into masked data by scrambling it using a secret code that hides its meaning to any unauthorized viewer. Computers encrypt data by using algorithms or formulas. Encrypted data are not readable unless they are converted back into plain text via decryption.

Data sharing agreement: An agreement among participating agencies about the sharing of consumer data. The agreement should define which agencies will share what data elements under what particular circumstances.

Data warehouse: A system for storing, retrieving, and managing large amounts of data. Data warehouses contain a wide variety of data that present a coherent picture of conditions at a single point in time.

End user: The participating agency staff person who will be using the HMIS to enter and/or extract data.

Firewall: A hardware and/or software system that enforces access control between two networks.

Function: The specific capabilities or features that the HMIS performs.

Homeless Management Information System (HMIS): A computerized data collection system that stores information about persons experiencing homelessness, collected throughout the community from the various agencies that provide services to these individuals. Client-level information collected from each program can be aggregated with data from other programs using a unique client identifier to determine unduplicated system wide information, such as the overall level of homelessness, service effectiveness, and unmet community needs.

HMIS Administrator: The personnel responsible for overseeing the HMIS System.

Internet service provider (ISP): Any company that provides individuals or organizations with internet service.

Local area network (LAN): A network that is geographically limited, allowing easy interconnection of computers within offices or buildings.

Logon process: The procedure by which a computer network authenticates a user.

Longitudinal data: Information collected about particular individuals over time.

Network: Several computers or computer systems linked to one another.

Participating agency: An agency that participates in the HMIS.

Real-time: Pertaining to the current moment. Technology that allows a user to receive data during the actual time that it is entered into the system.

Record-level encryption: Data encryption that occurs at the field (data element) level within an information record.

Secure Socket Layer (SSL) protection: A communications protocol used to secure sensitive data. SSL is normally described as wrapping an encrypted envelope around message transmissions over the Internet.

Security: Absolute protection of the client and program information stored in the HMIS from unauthorized access, use, or modification. Servers can host and send files, data, or programs to client computers.

Site: A location that uses an HMIS and at which services to homeless and at-risk consumers are provided.

Site preparation: Preparation for installation of a new HMIS.

Software license: The right of an organization or individual to use or access a computer program developed by a third party, for a fee.

Software license agreement: Agreement between the developer of a software product and its users that specifies the rules under which software distribution, installation, and usage can occur.

Software release: A version of a software product that is available on the market.

Systems implementation: A stage in the HMIS project during which the various system components (hardware, software, databases, etc.) are created or acquired, assembled, and put into operation.

Technical capacity: The documented sets of technical skills and resources available for undertaking an HMIS project.

Technical requirements: The documented sets of technical skills and resources necessary for undertaking an HMIS project.

Undisclosed locations: Sites, such as shelters for victims of domestic violence, which have chosen to hide their location in order to protect program consumers.

Unique client identifier (ID): A code associated with a single individual that can be used to create an unduplicated client count, but which cannot be used to identify that individual.

Vendor developed: A commercially developed software system.

Web-enabled application: Application software designed to operate as an Internet application. Users access the system with a Web browser such as Netscape or Internet Explorer.

Wide area network (WAN): A network that is not geographically limited, and can link computers in different locales and extend over large distances. A WAN is often used to connect computers that are not located in the same office or building.

SECTION: ATTACHMENTS

Data Quality Plan

Howard County HMIS

Data Quality Plan

December 2013

Timeliness of Data

In order to generate accurate, meaningful reports, the HMIS database must contain the most current information on the clients served. Ideally, information will be entered as soon as it is collected, to ensure the most current data. If that is not possible to enter the client information immediately, the information must be entered as soon as possible.

Standards:

- Client information is entered within 5 business days of the occurrence in which a service is provided.
- Client information is updated regularly at exit or annual assessment – per requirements relative to each universal and program specific data elements.

Data Accuracy

It is critical for information entered into the HMIS database to accurately represent the people receiving services from Participating Agencies. Inaccurate data is more harmful than incomplete information. If information is incomplete it is possible to acknowledge this gap. Users should understand that it is better to enter nothing (or “don’t know” or “refused” if a question is required) than to enter inaccurate information.

Standards:

- At least 95% of data entered into HMIS must reflect what clients report.
- Staff entering information into HMIS must enter information as it is stated by the client. All users and Participating Agencies must enter data consistently, in the same way.

Data Completeness

Each month the HMIS Administrator will run data completeness reports for all Participating Agencies to monitor services, Entry/Exits, and null data elements. A “grade” of “B” or above is expected from all agencies. Reports will be analyzed to identify weaknesses in data for each participating agency, to be addressed at the next training opportunity. If the “grade” is less than a “B,” an emergency training session will be called with the agency.

Standards:

- All HUD funded homeless assistance programs must enter into HMIS.
- All Universal Data Elements will be entered.
- At least 95% of clients will have complete program data elements entered.
- At least 95% of clients will have services entered, when provided.
- At least 95% of clients that exit a program will have exit destinations entered.
- 5% is the maximum limit for null data.
- 5% is the maximum limit for “don’t know” and “refused” responses.

Training

Regular group trainings will be offered in a suitable facility where each attendee can have an individual work station.

Trainings will also be offered on an as-needed basis. As-needed trainings can be requested by the Participating Agency or the HMIS Administrator. The HMIS Administrator may request a training session if it is determined that an "emergency" training is necessary or an upgrade to the system occurs.

If requested to do so by a Participating Agency, the HMIS Administrator will also negotiate a designated time to spend with the agency on a regular basis.

See Training Section of Howard County HMIS Policies and Procedures.

Communication

The HMIS Administrator will be available during business days from 8:00 a.m. – 5:00 p.m. to answer questions.

A quarterly newsletter will be sent to all users with upgrade information, data entry tips, and upcoming trainings and events.

Security Plan

Howard County HMIS Security Plan

December 2013

The Department of Housing and Urban Development (HUD) requires implementation of security standards. Security standards are directed to ensure the confidentiality, integrity, and availability of all HMIS information; protect against any reasonably anticipated threats or hazards to security; and ensure compliance by end users. Written policies and procedures must comply with all applicable Federal law and regulations, and applicable state or local governmental requirements.

Security Awareness

The HMIS Administrator will ensure all users receive security training prior to using the system. Security training is a part of user training and covered in user training sessions.

See Training Section of Howard County HMIS Policies and Procedures.

Physical Safeguards

Access to areas containing equipment, data, and software will be secured. All client-identifying information will be strictly safeguarded in accordance with the latest technology available. Data will be secured by, at least, the following:

- Server hardware physical security (locked office)
- Server software security (username accounts/password protection)
- Network software security (firewall)
- Network hardware security (locked office)

Users will:

- Not share login information with any other individual.
- Reset password every 45 days.
- Log out of the HMIS when leaving their computer.
- Close/log out of the HMIS when any other individual not authorized to view data is able to view monitor.
- Not release/distribute report unless they are in aggregate form, with no identifying information.

See User and Data Access Section and Data Release Protocols Section of Howard County HMIS Policies and Procedures.

Technical Safeguards

Anti-virus protection shall be installed on each workstation used to access the HMIS, whether from a Participating Agency, or from a remote location.

- A Participating Agency or a user's access may be suspended or revoked for suspected or actual violation of security protocols.
- All potential violations will be investigated.

Please refer to Bowman Securing Client Data (attached) in reference to HMIS Client Information Security.

HMIS Administrator and HMIS Committee will annually review and revise, as needed, policies and agreements that protect and control access to HMIS information.

Bowman System Security Document available upon request.

Privacy Policy

Howard County HMIS/SERVICEPOINT Privacy Policy Notice

Effective 1 October 2004

Revised 1 December 2013

THIS NOTICE DESCRIBES HOW PRIVACY INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE READ AND REVIEW THIS DOCUMENT CAREFULLY. THE PRIVACY OF YOUR PERSONAL INFORMATION IS IMPORTANT TO US.**

Purpose of this Notice

The Howard County Department of Citizen Services, and its local homeless service providers, is required to collect information about persons who access services through the use of the Homeless Management Information System (HMIS)/ServicePoint. ServicePoint is a web-based software application designed to record and store client-level characteristics, service needs and usage of services by homeless persons. This method of data collection allows the Department and its service providers to coordinate services more efficiently, produce statistical reports, and share information with selected partner agencies if the client signs a Release of Information (ROI). Please note that even if you do not want your information to be shared with other agencies, or your actual name entered into the system, we must still record some information in the system, taking extreme care to protect your name and privacy. Even if you choose to allow us to share information with other agencies, records about substance abuse, physical and mental health, HIV, and domestic violence will not be shared without your specific written or informed consent.

Programs Covered by this Notice

With the exception of Domestic Violence agencies, the HMIS Data and Technical Standards Notice required all HUD McKinney-Vento funded programs that assist homeless persons to collect "Universal Data Elements" and, when applicable, "Program Specific Data Elements" for each client assisted. In addition, Participating Agencies in the Coordinated System of Homeless Services (CSHS) must enter the same information.

Legal Duty

We are required by applicable federal and state law to maintain the privacy of your private personal information. This Notice must be available at the service delivery site and be posted in a clear and prominent location where it is reasonable to expect any individuals seeking service to be able to read the Notice. Procedures are in place for accepting and considering complaints about privacy and security policies. Every staff member entering for accessing data in the system is required to sign a confidentiality agreement and receive new user and on-going privacy training.

Amendment Policy/Right to Receive Copy of this Notice

We reserve the right to change this Notice at any time. This Notice is not a legal contract. If changes are made a copy of the revised Notice will be posted at all service locations. You may request a copy of our HMIS Privacy Policy at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

Protected Personal Information (PPI)

Only information that is appropriate for the programs covered by this Notice is collected. All information is collected by lawful and fair means. Copies of all forms that collect PPI are given to clients. Any request by clients to correct inaccurate information must be considered. Changes, deletions, or supplements should be notated where inaccurate or incomplete. At initial entry into a program, and again at each annual review, all forms and information are explained. All Release of Information forms must be signed every two years. The collection and use of all personal information is guided by strict standards of confidentiality.

Howard County Department of Citizen Services • 6751 Columbia Gateway Drive, 3rd Floor, Columbia, Maryland 21046
Telephone (410) 313-6400 Fax (410) 313-6424 TTY (410) 313-6401

Participation Agreement

HMIS PARTICIPATION AGREEMENT

BETWEEN
Howard County, Maryland
Department of Citizen Services
and
[Participating Agency]

This Agreement is made and entered into on this _____ day of _____, 20____, by and between **Howard County, Maryland**, a body corporate and politic, hereinafter referred to as the "County," and [Participating Agency], hereinafter known as the "Participating Agency," sometimes referred to herein individually as "Party" and collectively as "the Parties."

I. INTRODUCTION

The federal Department of Housing and Urban Development requires that all entities receiving federal funds for homeless services establish and maintain a Homeless Management Information System ("HMIS"). The County, through the Department of Citizen Services ("the Department") uses ServicePoint, developed by Bowman Systems, as its HMIS.

ServicePoint is a web-based application that provides client tracking, case management, service and referral management, bed availability for shelters, resource indexing, and reporting. The Department is the lead agency for the Continuum of Care for Homeless Services in Howard County and is responsible for the implementation of ServicePoint.

ServicePoint allows Participating Agencies within the Howard County Continuum of Care for Homeless Services to share information on common clients. Goals of the Continuum include: an ability to expedite client intake procedures; improved referral accuracy; increased case management and administrative tools; and the ability to follow demographic trends and service utilization patterns of families and individuals experiencing homelessness or at risk of homelessness.

Access to ServicePoint is limited to Participating Agencies. When used correctly and faithfully by all involved parties, ServicePoint is designed to benefit multiple stakeholders, including County Government, homeless service agencies, and the consumers of homeless services, through a more effective and efficient service delivery system.

II. Confidentiality

A. Federal and State Regulations

1. The Participating Agency will uphold relevant Federal and State confidentiality regulations and laws that protect client records. The Agency will only release confidential client records with written consent by the client, or the client's guardian, unless otherwise provided for in the regulations or

laws. A client is anyone who receives services from the Participating Agency and a guardian is one legally in charge of the affairs of a minor or a person deemed incompetent.

B. Consent and Documentation

1. The Participating Agency will provide a verbal explanation of ServicePoint and arrange for a qualified interpreter or translator in the event that a client is not literate in English or has difficulty understanding the consent form(s).
2. The Participating Agency will not solicit or input information from clients into ServicePoint unless the information is essential to provide services or conduct evaluation.
3. The Participating Agency will ensure that all staff or volunteers who are issued a User Identification and Password to ServicePoint abide by this Partnership Agreement, including the confidentiality rules and regulations listed in this Partnership Agreement. Each user will be required to sign a User Agreement.
4. The Participating Agency will maintain all client authorizations for release of information for a period of five (5) years.

III. Participant Agency Responsibilities

- A. The Participating Agency agrees to enter basic client data into ServicePoint including all HUD required data elements. The Participating Agency shall not permit users to share user identifications and passwords.
- B. The Participating Agency will not give or share assigned user identification and passwords to access ServicePoint with any other organization, governmental entity, business, or individual.
- C. The Participating Agency will not misrepresent its client base in ServicePoint by knowingly entering inaccurate information.
- D. The Participating Agency will enter a client into ServicePoint within five business days of client intake. Completeness and accuracy of data entry must meet standards set by the Department. Compliance with these standards will be monitored monthly by the Department. Standards will be established in conjunction with participating agencies and will be provided as an addendum to this agreement.
- E. The Participating Agency will designate a staff person to serve as a liaison with the ServicePoint Administrator. The liaison will be responsible for scheduling staff training, requesting reports, establishing workflow and other matters related to internal ServicePoint operations.
- F. Users are required to attend a minimum of four meetings/trainings per year. See IV. E. below.

IV. Department Responsibilities

- A. Except as provided in IV. B, the Department will pay the costs of the contract with Bowman Systems.
- B. The Department will provide the appropriate number of licenses for each Participating Agency up to a maximum of ten licenses per Agency.
- C. The Department will perform all required system maintenance.
- D. The Department will respond to user requests within two business days.
- E. The Department will provide technical assistance to all ServicePoint users. In addition to on-going assistance, the Department will hold bi-monthly meetings/trainings for all users.

V. Access to Information

- A. The Participating Agency understands that it will retain access to all identifying and statistical data on the clients it serves.

- B. The Participating Agency understands that the Department of Citizen Services will have access to all client information to run aggregate reports for planning, funding, and database maintenance purposes. The Department of Citizen Services will not release any identifying information to any other Participating Agency, organization, governmental entity, business or individual.

VI. Termination

- A. **In Effect Until Terminated.** This agreement shall remain in effect unless terminated in writing by either Party, with 30 days' advance written notice.
- B. **Termination for Default.** Notwithstanding paragraph A of this section, the County may terminate this agreement immediately if the Participating Agency commits a serious violation of this Partnership Agreement, with the County at its sole discretion to determine what constitutes a serious violation. For a violation that the County determines to be less serious, the County may temporarily suspend the Participating Agency's access to ServicePoint until the violation is corrected. If the Participating Agency has a history of repeated violations, the County may terminate this Partnership Agreement.

VII. Indemnification

The Participating Agency agrees to indemnify and hold the County harmless from and against any and all claims, actions, damages, liability and expense, including reasonable attorney fees and costs of defense, in connection with loss of life, personal or bodily injury and/or damage to property that may be done or suffered by reason of the Participating Agency's fault or negligence in the performance of or failure to perform its responsibilities as stated in this Partnership Agreement, or occasioned all or in part by any act or omission of the Participating Agency, its agents or employees.

VIII. Insurance

The Participating Agency shall obtain and maintain general liability insurance as necessary to protect in any legal action, tort, contract, or other liability which may be raised against the Participating Agency or the County. The Participating Agency shall provide the County with documentation of insurance as the County may require, including evidence that the policies may not be terminated without thirty (30) days' prior written notice to the County.

IX. Miscellaneous

- A. This agreement may be amended by written agreement executed by both Parties.
- B. Neither Party shall transfer or assign any rights or obligations without the written consent of the other party.
- C. The contractual obligation of the County under this Agreement is contingent upon the availability of appropriated funds from which payment for ServicePoint and its support can be made.
- F. This Agreement shall be construed and enforced in accordance with the laws of the State of Maryland.

[SIGNATURES APPEAR ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed on by affixing hereon their respective seals and signatures of the proper offices.

WITNESS:

PARTICIPATING AGENCY:

Name

Name

Title: _____

ATTEST:

HOWARD COUNTY, MARYLAND

_____ BY: _____

Lonnie R. Robbins
Chief Administrative Officer

Ken Ulman
County Executive

APPROVED for Legal Sufficiency
this ____ day of _____, 20__.

APPROVED for Financial Sufficiency
this ____ day of _____, 20__.

Margaret Ann Nolan
County Solicitor

Stanley J. Milesky
Acting Director of Finance

APPROVED for Program Sufficiency
this ____ day of _____, 20__

Lois Mikkila, Director
Department of Citizen Services

End User License Agreement

Homeless Management Information System End User License Agreement

This agreement is entered into on the _____ day of _____, 2013 between Howard County Government and [individual's name] _____.

This document contains the specific obligations that each end user and Howard County Government must follow in order to participate in the Homeless Management Information System (HMIS).

1. The End User will fully comply with the End User Terms within these Policies and Procedures and hereby agrees to fully indemnify and hold harmless Howard County Government from any unauthorized use, improper use, or misuse of the software and the system by the Agency and/or its staff, or any violation of law rising out of or in connection with the acts or omissions of Agency and its staff and the Agency's participation in the HMIS reporting process.
2. All End Users must be trained by the HMIS administrator prior to obtaining access to the _____ system; all staff will be trained on relevant information security issues.
3. End Users will adhere to the HMIS Client Release Form and the Partnership Agreement that outline specific policies regarding release of aggregate data.
4. End Users are responsible for protecting institutional information to which they have access and for reporting security violations.
5. End Users must comply with the data security policy and standards as described in these Policies and Procedures.

By signing this document, I agree to abide by all policies as stated in the Howard County Department of Citizen Services HMIS Partnership Agreement.

[Individual's Signature]

Catherine Wellman, HMIS Administrator

Confidentiality Agreement

Confidentiality Agreement

1. I understand that I will be allowed access to confidential personal and health information and/or records in order to perform my specific job duties. I further understand and agree that I am not to disclose confidential personal and health information and/or records without the prior consent of the appropriate person or authority (s).
2. I understand that all User Identification and Passwords to access the Howard County Government HMIS are issued on an individual basis. I further understand that I am solely responsible for all information obtained, through system access, using my unique identification. At no time will I allow any other person to use my User Identification and/or Password to log on to the Howard County Government HMIS. I understand that accessing or releasing confidential personal and health information and/or records, or causing confidential personal and health information and/or records to be accessed or released, by myself, other individuals, clients, relatives, etc., outside the scope of my assigned job duties constitute a violation of this agreement.
3. By affixing my signature to this document I acknowledge that I shall abide by all of the relevant laws, regulations, and the Howard County Government HMIS Partnership Agreement concerning access, use, maintenance and disclosure of confidential personal and health information and/or records which shall be made available to me through my use of the Howard County HMIS. I further agree that it is my responsibility to assure the confidentiality of all personal and health information, which has been issued to me in confidence, even after my access to the Howard County Government HMIS, has ended. Pursuant to this agreement I certify that I have read and understand my obligations and responsibilities in connection with following laws concerning confidential personal and health information and/or records. I agree to fully indemnify and hold harmless the County from any unauthorized use, improper use, or misuse of the software and the system by the Agency and/or its staff, or any violation of law arising out of or in connection with the acts or omissions of Agency and its staff and the Agency's participation in the HMIS reporting process.

[Individual's Signature]

Date

Catherine Wellman, HMIS Administrator

Date

Client Authorization Form

Client Authorization

Homeless Management Information System

Name of Agency: _____

Client Information:

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Social Security Number _____ - _____ - _____

The Howard County Homeless Management Information System (HMIS) is administered by the Howard County Department of Citizen Services (DCS), a part of the Howard County Government. It is designed to help improve services to those members of our community who are experiencing homelessness, or who are at risk of homelessness. The DCS does this by allowing personnel at Participating Agencies to share information needed for service delivery, and to track demographic trends and service patterns. The HMIS is a web-based product called ServicePoint, which is a secure, encrypted software product. Your personal records are secured at the highest level of encryption currently available.

I understand that all information gathered about me is personal and private and I am releasing it in confidence. I have reviewed and understand the Privacy Policy Notice explaining ServicePoint and its intended use within the Howard County Continuum of Care. I further understand that basic identifying information may be shared with other Participating Agencies including, but not limited to: The Community Action Council, Bridges to Housing Stability Inc., Grassroots Crisis Intervention Center, the Howard County Department of Housing and Community Development, the Howard County Mental Health Authority, and Humanim, Inc. Unless I make a formal request to the Participating Agency listed above, to the Howard County DCS, or to the System Administrator that I no longer want to participate in the HMIS, this release will remain in effect for two (2) years from today, and will expire on _____.

I authorize the Howard County DCS to obtain and share my basic identifying information and non-confidential service information with other Participating Agencies. Under no circumstances will medical, mental health, substance abuse, or domestic violence information or case notes be shared.

Date

Client's Authorizing Signature

Based on the above information, I authorize basic identifying information and non-confidential service transactions of my dependent(s) to be shared as noted above.

Date

Client's Authorizing Signature

CHAPTER 6 - ESTABLISHING PREFERENCES & WAITING LIST MAINTENANCE

[24 CFR Part 5, Subpart D; 982.54(d)(1); 982.204, 982.205, 982.206]

INTRODUCTION

It is a HUD requirement and the PHA's objective to ensure that families are placed on and selected from the waiting list for admissions in proper order and thus in accordance with the policies in this Administrative Plan. The maintenance of a viable waiting list ensures that an adequate pool of qualified applicants will be available to utilize program funds in a timely manner. Proper waiting list management is a SEMAP requirement.

HCHC operates a single waiting list for the Housing Choice Voucher Program. The tenant-based waiting list includes local preferences and priorities that the HCHC has adopted to meet local housing needs. With very few exceptions selection from the waiting list and subsequent admission is made in accordance with the process described in this plan

It is important to clarify the following when the HCHC manages a waiting list using preferences:

- HCHC uses a preference system to rank applications on and to select applications from the waiting list.
- Preferences are local criteria approved by the PHA on, giving certain populations priority placement on the waiting list. Preferences are subject to change. This change does not disqualify an application, but will change waiting list placement.
- Applicants are selected from the waiting list based on preference ranking; however a lower ranked applicant may be approved for admission prior to a higher ranked applicant if the higher ranked applicant has not completed the eligibility process.

A. WAITING LIST [24 CFR 982.204]

The HCHC uses a single waiting list for admissions to the Housing Choice Voucher Program. Except for Special Admissions, applicants will be selected from the waiting list in accordance with policies and preferences and income targeting requirements defined in this Administrative Plan. The PHA maintains information that permits proper selection from the waiting list.

The waiting list contains the following information for each applicant listed:

- Applicant Name
- Family Size
- Date and time of application
- Preference claim
- Racial or ethnic designation of the head of household
- Family gross annual income

B. PREFERENCES & SELECTION [24 CFR 982.207]

The HCHC's method for selecting applicants from a preference category leaves a clear audit trail that can be used to verify that each applicant has been selected in accordance with the method specified in the administrative plan.

C. LOCAL PREFERENCES [24 CFR 5.410]

Local preferences will be used to organize and select applicants from the waiting list. Each local preference will be organized by application date and time.

HUD Notice 98-64 eliminates the public notice and comment requirement when changing a preference system. HCHC must notify all applicants about the preference change, giving the applicants the opportunity to qualify for new preferences.

An applicant will not be granted any local preference if any member of the family has been evicted from housing assisted under a 1937 Housing Act program during the past three years because of drug-related criminal activity or felonious charged criminal activity.

The HCHC will grant an exception to such a family if:

- The responsible member has successfully completed a rehabilitation program.
- The evicted person clearly did not participate in or know about the drug-related activity.
- The evicted person no longer participates in any drug related criminal activity.

If an applicant makes a false statement in order to qualify for a local preference, the HCHC will deny the local preference and remove the application from the waiting list.

- The HCHC uses the following Local Preference system: Residency
- Emergency (when subsidy is available):
 - Involuntary displacement
 - Substandard Housing
 - Long Term Homelessness

Residency Preference

Applicants who live, work or have a bona fide offer to work in Howard County on the date of notice that they have reached the top of the waiting list will receive a preference over non-residents.

Emergency

Issuance of assistance based on the Emergency preference is contingent upon the availability of funding.

The HCHC will continue to accept applications from families requiring “Emergency” Placement during periods when the waiting list is closed, unless these families are specifically excluded from applying in the notice of Waiting List Closure.

Involuntary displacement is defined as follows:

- An otherwise eligible family, who resides in Howard County, displaced by a no fault fire or flood or other natural disaster when, replacement housing has not been offered by the landlord at a comparable rate, or if the damaged unit is not proposed to be restored to use and replacement housing cannot reasonably be located at or near the pre-disaster housing cost. If the applicant or family is found to have caused the fire or flood, HCHC will deny assistance.

- An otherwise eligible family, who was a resident of a Howard County public housing unit or Howard County voucher holder in a federally declared disaster area at the time that the area was so designated, shall receive a priority on the waiting list for a period up to six months from the date of designation. HCHC reserves the right to limit the number of families assisted under this provision in order to protect the interests of County residents currently waiting to be assisted.
- An otherwise eligible family, who resides in Howard County, displaced by eminent domain proceedings, by any Federal, State, or local governmental body in conjunction with public improvement or development. This does not include any action taken in connection with code enforcement.
- An otherwise eligible family, who resides in Howard County, displaced by an action which is the result of a decision by the courts, requiring the landlord to take certain actions when; 1) it is not possible for the landlord to correct the deficiency with the family in place, and 2) the landlord is not under any obligation to provide alternative housing.
- An otherwise eligible family, who resides in Howard County, displaced by lead paint poisoning confirmed by a knowledgeable medical entity or professional or the court requires the landlord to take abatement action and; 1) it is not possible for the landlord to correct the deficiency with the family in place, and 2) the landlord is not under any obligation to provide alternative housing.
- An otherwise eligible family, who resides in Howard County, displaced by the sale, demolition or discontinuance of a residential property which results in the loss of a housing unit which was previously affordable to a family of low or moderate income, where the HCHC has made a determination that the loss of such housing will create an undue hardship on the families being displaced.
- An otherwise eligible family, who resides in Howard County, displaced due to the threat of physical violence and is participating in a Witness Protection Program. The family must meet HCHC's eligibility criteria regarding illegal drugs and violent criminal activity, and must currently live or work in Howard County. Families must agree to relocate outside of Howard County in order to qualify for this preference, unless they are approved by the Commission due to special circumstances to remain in Howard County.
- An otherwise eligible family, who resides in Howard County, participating in a local, Federal or State funded demonstration program designated by HCHC as critical to the fair and equitable delivery of housing services to groups who are under represented on the waiting list.

Involuntarily Displaced applicants must also meet the following additional requirements:

- Have vacated or will vacate their unit within no more than six months from the date of certification or verification
- The Action by a housing owner is beyond an applicant's ability to control, and occurs despite the applicant having met all previous conditions of occupancy and is other than a rent increase.
- The owner is not an immediate family relative, there has been a previous rental agreement, and the applicant has not been part of the owner's household immediately prior to application.

Substandard Housing is defined as follows:

- An otherwise eligible family, residing in Howard County, pursuant to a recognized lease, occupancy agreement, deed, title, or other documentation acceptable to HCHC whose housing meets one of the following conditions, as verified by the Department of Inspections, License and Permits, the Department of Public Works, the Health Department, or an equivalent Federal, State, or local governmental body, and will not be corrected by the landlord:
 - Lacks an adequate or safe source of heat,
 - Does not have operable indoor plumbing, or
 - Does not have a usable, flushing toilet.
- An otherwise eligible family, who resides in Howard County, pursuant to a recognized lease, occupancy agreement, deed, title, or other documentation acceptable to HCHC, and the unit has been declared unfit by the Department of Inspections, License and Permits, Department of Public Works, the Health Department or an equivalent Federal, State, or local governmental body, for one or more of the following reasons:
 - Unsafe levels of lead paint, when there is a child below the age of seven;
 - Unsafe levels of asbestos; or
 - The presence of a chemical agent which has been medically documented as harmful to a member of the household.

Substandard Housing is dilapidated (does not provide safe, adequate shelter; has one or more critical defects or a combination of defects requiring considerable repair; endangers the health, safety, and well being of family) if the following exists:

- Does not have operable indoor plumbing;
 - Does not have usable flush toilet in the unit for the exclusive use of the family;
 - Does not have usable bathtub or shower in unit for exclusive family use;
 - Does not have adequate, safe electrical service;
 - Does not have an adequate, safe source of heat;
 - Should, but does not have a kitchen; or
- Has been declared unfit for habitation by a government agency;

Long Term Homelessness:

An otherwise eligible family who for the past 90 days:

- Had a primary night-time residence that was a(n):
 - Supervised public or private operated shelter designated to provide temporary living accommodations,
 - Institution that provides temporary residence for individuals intended to be institutionalized (not incarcerated, i.e. jails and prisons),
 - Public or private place not designated or normally used as regular sleeping place for humans that can be confirmed by the Police or a county Homeless Agency.

This priority for service is limited to a maximum of 15 vouchers during any calendar year, when

funding is available and not awarded for a special purpose.

HCHC will use date & time of application as the initial criteria for selecting the 15 homeless families from the waiting list. If all 15 slots are not filled due to a lack of homeless families currently on the waiting list a "Homeless Lottery" will be held to select the remaining families. All other applicants in the "Homeless Lottery" that are not selected will have their applications placed on the waiting list if the waiting list remains open for persons experiencing Long Term Homelessness.

D. INITIAL DETERMINATION OF LOCAL PREFERENCE QUALIFICATION

[24 CFR 5.415]

An applicant's certification that they qualify for a preference will be accepted without verification at the time that the application is submitted for waiting list placement. When the family is selected from the waiting list for the final eligibility determination the claim of a preference will be verified.

If the verification process indicates that an applicant does not qualify for a local preference, the applicant will be returned to the waiting list, but will be given an opportunity for an Informal Review.

If the verification process indicates that an applicant does not qualify for the local preference and the preference claim was the only reason for placement on the waiting list, the family will be removed from the waiting list.

While on the waiting list the applicant's situation may change and affect the family's entitlement to a preference. Applicants are required to notify HCHC in writing of all changes that impact the claim of a preference.

While on the waiting list an applicant may claim an additional preference. The application will be repositioned on the waiting list according to preference ranking and application date and time, except in such cases where the waiting list was only open to families claiming a particular preference. In this case the applicant must prove that they qualify for the first preference before claiming another.

HCHC will notify an applicant in writing of a preference denial. The notification will explain the reason for the denial and advise the applicant of their right to an Informal Review. If the preference denial is upheld as a result of the Informal Review or the applicant does not request the Informal Review, the applicant will be placed on the waiting list without benefit of the preference.

If an applicant falsifies documents or makes false statements in order to qualify for any preference, they will be removed from the waiting list. Applicants making false statements to claim a preference will be ineligible for assistance for three years from the date of their selection from the waiting list.

2017 HDX Competition Report

PIT Count Data for MD-504 - Howard County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count	214	168
Emergency Shelter Total	201	93
Safe Haven Total	0	0
Transitional Housing Total	4	22
Total Sheltered Count	205	115
Total Unsheltered Count	9	53

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	47	23
Sheltered Count of Chronically Homeless Persons	41	9
Unsheltered Count of Chronically Homeless Persons	6	14

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	30	25
Sheltered Count of Homeless Households with Children	29	22
Unsheltered Count of Homeless Households with Children	1	3

Homeless Veteran PIT Counts

	2011	2016	2017
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	12	7	6
Sheltered Count of Homeless Veterans	6	6	2
Unsheltered Count of Homeless Veterans	6	1	4

2017 HDX Competition Report

HIC Data for MD-504 - Howard County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2017 HIC	Total Beds in 2017 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	98	35	63	100.00%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	0	0	0	NA
Rapid Re-Housing (RRH) Beds	0	0	0	NA
Permanent Supportive Housing (PSH) Beds	103	0	103	100.00%
Other Permanent Housing (OPH) Beds	2	0	0	0.00%
Total Beds	203	35	166	98.81%

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	53	55

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC
RRH units available to serve families on the HIC		

2017 HDX Competition Report

HIC Data for MD-504 - Howard County CoC

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC
RRH beds available to serve all populations on the HIC		

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Summary Report for MD-504 - Howard County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	218	208	118	126	8	87	72	-15
1.2 Persons in ES, SH, and TH	253	218	192	153	-39	105	79	-26

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-		-		-	-		-
1.2 Persons in ES, SH, and TH	-		-		-	-		-

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	59	0	0%	6	10%	4	7%	10	17%
Exit was from TH	6	0	0%	0	0%	0	0%	0	0%
Exit was from SH	0	0		0		0		0	
Exit was from PH	6	0	0%	0	0%	0	0%	0	0%
TOTAL Returns to Homelessness	71	0	0%	6	8%	4	6%	10	14%

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	166	214	48
Emergency Shelter Total	87	201	114
Safe Haven Total	0	0	0
Transitional Housing Total	36	4	-32
Total Sheltered Count	123	205	82
Unsheltered Count	43	9	-34

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	271	230	-41
Emergency Shelter Total	237	225	-12
Safe Haven Total	0	0	0
Transitional Housing Total	34	5	-29

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	41	44	3
Number of adults with increased earned income	0	1	1
Percentage of adults who increased earned income	0%	2%	2%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	41	44	3
Number of adults with increased non-employment cash income	0	0	0
Percentage of adults who increased non-employment cash income	0%	0%	0%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	41	44	3
Number of adults with increased total income	0	1	1
Percentage of adults who increased total income	0%	2%	2%

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	1	3	2
Number of adults who exited with increased earned income	1	0	-1
Percentage of adults who increased earned income	100%	0%	-100%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	1	3	2
Number of adults who exited with increased non-employment cash income	0	2	2
Percentage of adults who increased non-employment cash income	0%	67%	67%

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	1	3	2
Number of adults who exited with increased total income	1	2	1
Percentage of adults who increased total income	100%	67%	-33%

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	183	172	-11
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	26	7	-19
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	157	165	8

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	192	175	-17
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	33	8	-25
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	159	167	8

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in 2016.

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2015	Current FY	Difference
Universe: Persons who exit Street Outreach	0	0	0
Of persons above, those who exited to temporary & some institutional destinations	0	0	0
Of the persons above, those who exited to permanent housing destinations	0	0	0
% Successful exits			

Metric 7b.1 – Change in exits to permanent housing destinations

	Submitted FY 2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	196	168	-28
Of the persons above, those who exited to permanent housing destinations	108	63	-45
% Successful exits	55%	38%	-18%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	69	74	5
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	69	74	5
% Successful exits/retention	100%	100%	0%

2017 HDX Competition Report

FY2016 - SysPM Data Quality

MD-504 - Howard County CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2017 HDX Competition Report

FY2016 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016
1. Number of non-DV Beds on HIC	69	63	64	64	37	29	34	7	64	83	90	98								
2. Number of HMIS Beds	69	63	64	54	33	27	34	4	64	83	76	98								
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	84.38	89.19	93.10	100.00	57.14	100.00	100.00	84.44	100.00								
4. Unduplicated Persons Served (HMIS)	266	230	237	225	14	5	5	5	66	67	74	76	0	0	0	0	0	0	0	0
5. Total Leavers (HMIS)	202	172	176	165	9	0	0	0	4	5	0	3	0	0	0	0	0	0	0	0
6. Destination of Don't Know, Refused, or Missing (HMIS)	24	17	22	15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Destination Error Rate (%)	11.88	9.88	12.50	9.09	0.00				0.00	0.00		0.00								

2017 HDX Competition Report

Submission and Count Dates for MD-504 - Howard County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2017 PIT Count	1/25/2017	

Report Submission Date in HDX

	Submitted On	Met Deadline
2017 PIT Count Submittal Date	4/5/2017	Yes
2017 HIC Count Submittal Date	5/4/2017	Yes
2016 System PM Submittal Date	4/5/2017	Yes